

Aging 2020

On the following pages you will find the first draft of the Aging 2020 Plan developed by 13 key state agencies at the direction of Governor Napolitano. The Office of the Attorney General has also contributed to the draft plan.

In just a few years, the “Baby Boomer” generation will begin to turn 65 years old and a significant demographic change will take place in Arizona and across the nation. The Aging 2020 plan was drafted in an effort to prepare for a time when one of every four Arizonans will be over 60 years of age.

This draft plan represents a beginning. It will continue to be a work in progress, but it is critical that we hear from you about how it could be improved. Remember, this is a plan for Arizona’s future, to prepare us for the year 2020 and beyond. So, review the data projections that appear in the plan and try to think about how we can prepare ourselves for a different time.

If you have recommendations, please email them to:

gaca@azdes.gov

or mail them to:

**Aging 2020
Governor’s Advisory Council on Aging
P.O. Box 6123-008A
Phoenix, AZ 85005**

All comments will be provided to the appropriate state agencies by December 31, 2004. The state agencies will consider the comments and revise their plans where appropriate. The plan will then be put in “final” form early next spring. However, it will be continue to be a working document, changing over the years as new information and ideas become available.

Thank you for your interest in Arizona’s older citizens.

Aging 2020

DRAFT
For Public Comment

Office of the Governor's Policy Advisor on Aging

Aging 2020

Table of Contents

• Purpose of this Report.....	3
• Introduction.....	4
• Data.....	6
• Administration	17
• AHCCCS	22
• Attorney General	29
• Board of Regents	37
• Commerce	46
• Corrections	51
• Economic Security	61
• Health Services	69
• Housing	76
• Parks	82
• Public Safety	96
• Tourism	104
• Transportation	109
• Veteran's Services	113

Purpose of this Report

The purpose of this report is to provide the background and recommendations proposed by Arizona state government agencies in response to an expected increase in the state's population of older adults by the year 2020. The recommendations in this report provide a comprehensive list of options that could be implemented to address the changing demographics and design a preferred future for Arizona. Focus groups to be held across Arizona in November and December 2004 will provide additional clarity and support for the development of a blueprint and plan for change.

To envision a vital and secure future for older Arizonans, Governor Napolitano issued an Executive Order in March 2004 mandating that state agencies begin planning to address the changes that will take place as a result of an increasing older population. An aging Boomer generation, shrinking workforce and increasing need for health and social services in Arizona will affect the business of all state agencies. The report is organized around several questions that each agency was asked to use to guide their assessment and planning process:

1. What are your agency's overarching policy issues, direction, program considerations, changing constituency needs, and management issues related to these changing demographics?
2. What is your agency currently doing to address or respond to these anticipated changes?
3. What recommended actions could your agency take in the next five to seven years to address the priorities you have identified that reflect the impact of the anticipated demographic changes? [Awareness, realignment of resources, policy changes, new resources]. Also, consider collaborative approaches among state agencies and how such collaborations could fit into an overall state planning process.
4. What are several results you expect to achieve through your recommended actions?

This report represents a unique dialogue within and among state agencies, some of which are just beginning to consider the relationship of their mission to the needs of older Arizonans. It should be noted that even when the Aging 2020 plan is finalized in early 2005, it will only mark the beginning of a multi-year process of preparing state government, our communities, and ourselves for a very different world. It will be a world of challenges, but if we are ready to embrace it, it will also hold a multitude of new opportunities for all Arizonans.

Introduction

Fueled by the aging of the Boomer Generation, Arizona is undergoing a profound population age shift. Some have called the graying of this largest generation of the 20th century a “tsunami” affecting all segments of society, but none as much as the cost and need for healthcare and social services. The St. Luke’s Health Initiatives, in “The Coming of Age” research report, calls this demographic change a “steamroller” for Arizona. Call it tsunami or steamroller; the demographic changes underway in Arizona will drive policy for the next several decades. By 2025 the proportion of Arizonans age 65 and older will have increased and be comparable to those under age 17 (“*The Coming of Age*,” 2002). Nearly one in four Arizonans will be over 60 years of age by 2020. Planning for the development of a sound blueprint for change to address the needs of, and capacity to care for, both young and older citizens will be critical for a bright and prosperous future in Arizona.

If we plan and begin to act now, in 2020, Arizona could have higher academic standards and graduation rates, a redesigned university system, and a diverse global economy along with health and social services systems that support healthy people and communities. Older Arizonans could be active and engaged in community life with a wealth of experience and talent to share. If this is the Arizona we want, we cannot ignore the changes that are coming, and we must begin now to commit the public, private, personal and community resources that will be needed over the next several decades to ensure the Arizona future we envision.

A snapshot of today’s five, twenty, thirty-five, fifty and sixty-five year olds provides questions for consideration and planning as we look ahead fifteen years to 2020. Arizona’s children are entering the educational system, young adults are entering the workforce, adults are juggling a multiplicity of work and family demands, and the boomer generation is just entering what today is called “retirement age”.

Children entering the state’s educational system today will be 20 years old in 2020. They will be the next generation moving into Arizona’s workforce and communities to make their contribution and engage in the civic life of the state. Will the education they receive today contribute to the creation of a vital workforce in 2020 and an understanding of their relationship to and responsibility for those who have gone before them?

The current 20 year old will be 35 in 2020, at mid-career in the Arizona workforce. In 2020 there will be fewer taxpayers to support the funding of public programs that meet the needs of the state’s youngest and oldest residents. Will we realize today’s vision of an Arizona future that includes economic renewal, population growth, and development of high technology, biomedical and genomic entrepreneurial initiatives? Strong economic growth and a well-educated workforce are essential and inextricably linked. They provide the foundation for a stable economic base and flourishing business sector in Arizona, which in turn will make it possible to meet the needs of our changing population base.

Will the fifty year old in 2020 have protected their health through healthy lifestyles, set aside financial resources for long term living and planned for a vital, productive “third age”? Health

messages and preventive screenings, support for healthy lifestyles and personal resource planning for a long life will be key.

Today's 65 year old will be turning 80 in 2020 and there will be a growing number of older adults approaching 100. What will be their needs and who will be available to care for them? Where will the majority of care and services be provided? Will there be a primary focus on programs and services that sustain good health and fewer focused on high cost acute and complex chronic care services? Will there be less fragmentation? Will there be effective communication and access to services that support an informed and engaged family care system?

Finally, in 2020, will city planners and government agencies have worked together to design "communities for a lifetime" with safe neighborhoods, accessible housing and transportation, recreation opportunities, and social and civic activities that are supportive of older adults?

It is critical that these questions inform the thinking that propels the redesign of Arizona government services for the older adults of 2020. Finding solutions, identifying opportunities and facing challenges will require ongoing collaboration among government agencies, businesses, individuals and the volunteer sector.

This plan is a beginning, but it is far from the end.

Data

It is important that providers, practitioners and policy makers are informed as to the important changes in the aging population and how the changes will impact future efforts to improve the availability, accessibility, and delivery of a variety of social services. “This inevitable demographic reality will fundamentally change our culture well into the twenty-first century. To prepare our country and avoid a national crisis, we must develop a radically new vision that transcends outdated policies and generational biases.”ⁱ

Changing demographics in Arizona

- According to the U.S. Census, Arizona was home to over 5.1 million persons in 2000, 17% of whom were persons 60 years of age or older.
- Of those 60 and older, 55% were females and 45% were males. Women live longer than men. In 1997, at age 65, women could expect another 19 years of life and men an additional 16 years; at age 85, women have an average of 7 years of life while men have about 6.ⁱⁱ
- In 2000, whites alone comprised 92% of Arizona’s population age 65 years and older, Blacks alone accounted for 1.5%, 0.9% were Asian/Pacific Islanders alone, 2% American Indians alone, 2.5% of Some Other Race and less than 1% Two or More Races. Older persons of Hispanic origin made up 8.3% of this population.ⁱⁱⁱ
- From 1990-2000 Arizona’s population expanded by 40% with the age group of 85 or more years increasing faster than other age groups (an increase of 82%).^{iv}
- **Approximately one in four Arizonans is a baby boomer (persons born between the years of 1946-1964).^v**
- **In 2006, the baby boomers will begin to turn 60 and, in 2011, they will be 65 years of age (eligible for Medicare). The baby boom cohort will be 85 years of age or older between 2030 and 2050.^{vi}**
- **Arizona’s 60+ population will triple in size from approximately 875,000 today to just under 3 million by 2050, accounting for 26% of the state’s population.^{vii}**
- **The Arizonans over 65 years of age will be roughly comparable to the number of children under 17 in less than 30 years.^{viii}**
- **Between 1995 and 2005, the growth of Hispanic persons ages 65-84 years (59%) will far out-pace the growth of White non-Hispanics this age (16%). It is projected that this trend will continue from 2005 to 2015 and then again between 2015 and 2025.^{ix}**

The graying of the state workforce

According to the Center for Organizational Research, the proportion of older workers is expected to shoot up an average of 4% between 2000 and 2015 while the proportion of younger workers is shrinking. The public sector is more susceptible to these demographic impacts for the following reasons:

- The government sector workforce is older (a significant percentage are approaching retirement eligibility) than its private-sector counterpart and has proportionately fewer young workers.
- Accurate forecasts of when employees will actually retire are difficult to make for two reasons: 1) decisions are affected by environmental, organizational, occupational, and individual factors; and 2) quality of data available and the analysts' tools and skills vary.
- There are varying degrees of government sector planning to close the gap between workforce numbers (future supply vs. future demand).

According to the Arizona Industry Employment Projections 2003-2013, over 200,000 Arizonans were employed in government positions in 2003. By 2013, there will be over 248,000. The aforementioned factors also apply to the Arizona state workforce, which is aging at an accelerating pace. **U.S. Census projections for Arizona state that by 2005 for every one person outside the workforce, there will be 2.92 workers 18-64. That figure falls to 1.91 by the year 2025.** Private industry is facing similar demographic issues. Due to the increasing imbalance between private and governmental compensation the competition for younger workers is tipped in favor of the private sector making it increasingly difficult to fill upper and mid-level government positions from non-governmental sources.

A sampling of the Department of Economic Security (DES) Workforce mirrors the trends of the entire state workforce. The grades 16-25 segment of the DES workforce represents 60% of those employed by DES. **Assuming constant variables, the number of employees eligible for retirement increases between 2007 and 2008, and peaks between 2011-2013. In addition, a decreasing number of younger workers are ready and able to fill the increasing number of vacant positions.^x As 2020 approaches, the aging of the population will change the numbers, skills, and characteristics of the Department's work force, presenting short and long-term challenges to traditional recruitment, staffing structures, career paths, and employee development operations.**

Health and behavioral health (Wellness)

Life expectancies are much longer and lifelong health is improving. Today's elderly are not experiencing the same incidence of diseases traditionally associated with aging. The disability rate for persons aged 65 or older dropped by 14 percent between 1984 and 1994, thanks largely to regular exercise, better diet, better medical care, and greater emphasis on preventive medicine. Medical innovation has also made tremendous progress in reducing the incidence and managing the impact of many age-related diseases such as heart failure. Every sign points to further progress in preventing and treating heart disease, Alzheimer's, cancer, and other serious illnesses.^{xi}

As a person ages they become more vulnerable to disease and conditions that derive from life-style, behavioral and environmental factors. In 2000, the leading cause of death for Arizonan's age 65+ years was heart disease (30%), followed by cancer (22%) and cerebrovascular disease (8%), similar to the national figures for the primary causes of death. Slightly higher proportions (7.5%) of older Arizonans died from chronic respiratory disease than all Americans age 65+ years (6 percent). Alzheimer's disease was the fifth leading cause of death among Arizona elderly accounting for 3.5% of all deaths.^{xii}

According to the U.S. Census, in 2000, there was a higher incidence of physical disabilities (28%) than mobility disabilities (16%), sensory disabilities (15%), mental disabilities (9%) and/or self-care disabilities (7%) among Arizona's civilian non-institutionalized population age 65 years and older. Arizonans over the age of 75 are more likely to have difficulties performing personal care activities of daily living. The two commonly experienced activities of daily living difficulties are walking and getting outside. Difficulty with eating and toileting are the least frequently experienced. Approximately 21.6% of older adults experience difficulty with instrumental activities of daily living. The most frequent instrumental activity of daily living difficulty is with heavy housework followed by shopping. The least frequently experienced instrumental activity of daily living difficulty is with money management.

It is estimated that 25% of persons over age 65 have significant mental or behavioral health problems. This includes memory disorders, depression, sleep disorders and substance (alcohol, prescription drug, tobacco) abuse. Older adults have the highest suicide rate in both Arizona and the nation. Behavioral Health services are under-appropriated for the adult/aging community and under-utilized by the aging community due to stigma attached to mental health issues.

Many baby boomers are going to live longer and healthier than their parents and grandparents. According to the MacArthur Foundation, low risk of disease, high mental and physical functioning, and active engagement with life are three key behaviors or characteristics to successful aging.^{xiii} A special report from the Citigroup Smith Barney found that^{xiv}:

- **Many boomers paradoxically find themselves living an unhealthy lifestyle and taking medications to remain active.**
- **Two in three boomers (68%) say they “care about” maintaining a healthy weight; less than half (47%) are currently doing things that help keep them in shape. Only one in ten boomers (12%) say they have attained their goal of “adopting a healthy lifestyle”. And more than one in four boomers aged 50-59 are obese.**
- **With health care costs rising rapidly, employers are trying to push a greater share of expenses onto employees who, as a result, are likely to increase the use of generics, imported medication from overseas, and possibly reduce their consumption of pharmaceuticals they perceive to be relatively unimportant.**

Long-term care

According to the Arizona Department of Health Services, there are currently over 1,600 long-term care facilities in Arizona. According to the Arizona Health Care Association, forty-seven percent of nursing home residents need some assistance in eating, and 21 percent are totally dependent on assistance. There are 134 nursing homes in Arizona. Sixty-three percent are chair-bound or bedfast. Eighty-seven percent need some assistance with dressing. Of 13,115 Arizona nursing home residents, 9% of costs are paid by Medicare, 65% by Medicaid, and 26% by other payers. Forty-four percent of nursing home residents suffer from dementia. Approximately 3% of nursing home residents are receiving hospice services.

Older persons prefer less restrictive long-term care services that respect choice and preserve personal dignity. Many young-old couples (persons 65-74) today are active and healthy. Many middle-old individuals (75-84) are widowed, live alone, and use community-based and then home-based services in order to remain independent. Many old-old persons (85+) need the supports provided at this life stage by group housing and ready-made communities of similarly vulnerable elders.^{xv} Aging services are finding that they are serving 2 very different groups. One is younger older adults, 65-80 years old who tend to be in relatively good physical condition and require services that fit their active lifestyles. On the other end of the age spectrum is the oldest old, those over 85 years who tend to be more frail and may require more hours of intensive home medical services.^{xvi} The future aging population will demand long-term care services that accommodate choice. Long-term care is used mainly by older adults. There are several different levels of services ranging from informal family assistance, home care, adult day care, and assisted living facilities or skilled nursing facilities. Even if a small percentage of Arizona's next elders require long-term care, the price tag will be astounding.^{xvii}

The growing need for home care is among the most urgent issues of our maturing society. Contrary to popular misconception, the primary source of care...remains family and friends.^{xviii} Nearly three-quarters of informal caregivers for elders are women. The typical caregiver is a married woman in her mid-forties to mid-fifties. She works full time and spends an average of 18 hours each week on caregiving. Women on average devote 50% more hours to caregiving than men and average over five continuous years as a caregiver.^{xix}

The following factors may affect the extent to which baby boomers will have family available to provide the care they need: have fewer children than their parents, higher divorce rates than their parents, highly mobile society, remain single, and blended families.

Older adults rely heavily on Medicare for their health care coverage. As of July 2002, Arizona had 708,210 Medicare beneficiaries^{xx}. Keeping the Medicare program solvent for baby boomers and subsequent generations is a major concern. Ensuring long-term solvency will invariably mean further restrictions to Medicare coverage to accommodate the immediate financial impact resulting from the prescription drug coverage and the future financial impact baby boomers will have on Medicare. However, further coverage restrictions to Medicare will likely put more demand on the Arizona Health Care Cost Containment System and other state administered funding for health and long-term care and increase out-of-pocket costs for Medicare beneficiaries.

The past decade has seen a dramatic increase in the number of incarcerated elderly, due to mandatory minimum sentencing, longer sentences, and tighter parole policies. Corrections officials recognize that the cost of maintaining older prisoners is nearly triple that of other inmates, primarily due to the expense of health care. Inadequate medical treatment throughout life and prior lifestyles (which accelerate aging and medical conditions) make older prisoners a unique population with special pre-release considerations.^{xxi}

Housing

Improved lifelong health and medical innovations are changing the way people in their 60s and 70s look at their housing choices, while greater financial resources and access to information are enabling many of them to choose the living arrangement that suits them best. According to the Joint Center for Housing Studies, seniors have the highest homeownership rates of any age group, making up nearly one-quarter of all owners. Although they relocate much less often than younger households, people 65 or older currently account for about one-tenth of buyers of new homes; those between the ages of 55 and 64 account for another tenth. As the baby boomers move into these age ranges, seniors will become a major presence in housing markets across the country. **Given that nine out of ten seniors prefer to remain in their homes, the housing choices the baby boomers make over the next ten years will determine where and how they will live well into this century. As a result, developers and homebuilders are already testing out new housing alternatives. For example, they are experimenting with designs for healthy seniors facing the prospects of semiretirement and longer full retirement. They are also trying innovative housing models for seniors with disabilities who have difficulty living fully independently.^{xxii} Baby boomers spend a much higher proportion of their disposable income on housing than the previous generation did when its members were 45 to 54 years old.**

The Joint Center for Housing Studies indicates that only 10% of seniors live in age restricted communities and nine in ten people age 70 and over live in conventional housing. However, the regular housing stock is not designed to meet the changing needs, tastes, and preferences of seniors as they age. As a result, the market for home modifications and healthcare and other supportive services to help older Americans live safely and comfortably is large and growing. Much of the current demand for modification is unmet.^{xxiii} For those seniors who are no longer able to complete all of the tasks to live independently, there are a variety of choices to allow them to age in place in their home or that of a relative; in an assisted living environment; or a long-term care facility (nursing home) for those needing full-time skilled nursing care. For most seniors, their first choice is to remain in their home. Often this is possible with some home services or a caregiver. In a random survey of 10% of those receiving Non-Medical Home and Community Based Services from Area Agencies in Arizona, 86% of the respondents felt that the services prevented or delayed institutionalization.

According to the 2000 U.S. Census, in Arizona, about 645,721 (97%) of all persons age 65+ years were living in households, slightly greater than the national figure. In 2000, roughly 71% of older Arizonans lived in family households, 25% lived alone, while about 4% lived in group quarters of which 2 percent resided in institutions. In 1999, roughly 15% of older

Arizonans living alone had incomes below the official poverty line. In 2000, between 67% and 83% of all racial and ethnic groups age 65 years and older lived in family households. Older Asians (83%), Hispanics (79%) and (82%) persons of Some Other Race age 65+ years were most likely to live in family households and least likely to live alone. Among all counties, Yavapai and La Paz Counties had the most households consisting of persons age 75 years and older; each reporting 17 percent, respectively. In each county and for the state as a whole, females who either owned or rented a housing unit, more often than their male counterparts, lived alone. Some older adults have a special need for housing specifically designed for their situation.

In 2000, approximately 7 percent of all family households in Arizona consisted of a grandchild less than 18 years of age. In 2000, the racial composition of Arizona family households that had a grandchild age 18 years or younger present consisted of: Whites (52%); Blacks (6%); American Indians (17%); Asians (0.7%); households of Some Other Race (19%) and Two or More Races (6%). About 43% of all Arizona family households with at least one grandchild present were maintained by persons of Hispanic descent. About 16% of Arizona's grandparents responsible for a grandchild younger than 18 years of age were living in poverty; slightly less than grandparents nationally (20%).

Transportation and mobility

Few people plan for the time when they will no longer be able to drive. Often they rely on relatives or friends to drive them. Transportation is a critical link to participation within a community. Social isolation may result from the lack of access to friends and relatives, health care services, shopping opportunities, and social and recreational activities. The transportation needs of older adults are not currently being met and will continue to grow as the population ages. This is especially true in rural Arizona.

The graying of the population, however, raises serious questions concerning traffic safety and education. Older drivers tend to become more conservative on the road, driving less often at night, avoiding busy highways, and taking fewer long-distance trips to unfamiliar areas.^{xxiv} However, older drivers are more likely than younger ones to be involved in multi-vehicle crashes, particularly at intersections. They're also more likely than younger drivers to be seriously injured in a crash because their bodies are simply less able to withstand an impact. This raises the likelihood of increased medical and insurance costs in the future.

“According to the National Highway Traffic Safety Administration, there were 19.1 million licensed drivers age 70 and older in the United States in 2001. By 2030, people age 65 and older are expected to represent 25 percent of the driving population and 25 percent of fatal crash involvements.”^{xxv}

There is a growing need to help older drivers sharpen their skills as well as recognize their changing abilities and adapt their driving practices appropriately. Insurers have partnered with state and local governments, and groups such as the American Association of Retired Persons, to create programs designed to address these needs. In addition, an increasing number of states routinely attempt to identify, assess and regulate older drivers with diminishing abilities who cannot or will not voluntarily adapt their driving habits. In recent years, legislatures, car manufacturers, and others have been developing ways to make the roadways safer: More-sophisticated driving and vision

tests, bigger car mirrors, better planned intersections, and laws that allow family members to quietly alert authorities about unsafe-driver concerns. Unsafe driving isn't an age issue. It's about drivers who experience declines in visual, cognitive, and psychomotor abilities as they age.^{xxvi}

Arizona is among 34 states that require drivers to take vision tests at license renewal, regardless of age. Arizona requires a road test at renewal for any driver who has had a certain number of accidents or traffic infractions. Arizona mandates testing every 5 years for older drivers at license renewal.^{xxvii}

The Governor's Office on Highway Safety indicates^{xxviii}:

- **In 1990, elderly drivers accounted for 6.7 percent of all miles driven. By 2030, according to conservative estimate, elderly drivers will account for 18.9 percent of all vehicle miles driven, almost triple the 1990 figure.**
- **Based on current rates, the number of elderly traffic fatalities will more than triple by the year 2030. If this expected increase occurs, the number of elderly traffic fatalities in 2030 will be 35 percent greater than the total number of alcohol-related traffic fatalities in 1995, a fatality number that is viewed by policymakers and the public as cause for serious concern.**

Employment and retirement

America is rapidly approaching a crisis in its workforce, triggered by the convergence of two demographic trends: the growing number of aging baby boomers in the population and the much smaller number of younger people who follow behind them. These changes will play out in the workforce. In 1960, 5.1 workers supported each Social Security resident. In 2000, it was 3.4 workers. By 2040, it will be 2.1 workers.^{xxix}

According to the U.S. Census, approximately 9% of Arizonans age 65 and older was in the workforce in 2000. In Arizona, about 58% of older workers were males and 42% were females in the workforce. Fewer and fewer Arizona workers will pay taxes to support the young and the old.^{xxx}

According to the U.S. Census, approximately, 8.4% of Arizonans age 65 years and older lived below the poverty line in 1999. Among all Arizona Counties Santa Cruz (23.2%), Navajo (20.3%), Graham (13.6%) and Coconino (13.3%) had the highest percentage of their population age 65+ years with incomes below poverty level. Arizona's older racial and ethnic minorities were at a higher risk of living in poverty than were non-minority Whites age 65+ years. In 1999, nearly 20% of older persons of Hispanic descent, 7% of Whites, 21% of Blacks, 11% of Asians, 42% of American Indians, 24% of persons of Two or More Races age 65+ years had incomes below the poverty line. Almost twice the proportion (42%) of older American Indians in Arizona than nationally (23%) lived below the poverty line. More women than men with at least one disability lived in poverty. The percent of older disabled women 65 and older living in poverty was 6 percent.^{xxxi}

“Most baby boomers don’t expect big changes in lifestyle after retirement, but with increases in longevity and the current economic climate, that may not be true. In addition, we know that people are saving less than previous generations and that the move away from employer-sponsored pension plans could mean less income in retirement.”^{xxxii} Three in five boomers (62%) consider it important to have a “successful balance between work and personal life.” More than half of boomers (54%) value “being able to take a day off when you want to,” yet nearly 70% of workers who have not yet retired plan to work into their retirement years or never retire, but only 25% will work because they need the money.^{xxxiii}

The comparatively high divorce rate among boomers could also have a negative impact on older boomer women, in particular, in terms of their financial stability and security (e.g., access to a spouse’s pension/social security benefits, adequate health care coverage, etc.). Only 40% of boomers may have pensions of their own. This situation combined with an extraordinarily low national savings rate (about 4%) has implications for the ability of many boomers to be financially positioned for their retirement years.^{xxxiv}

Involvement

Marc Freedman, author of *Prime Time: How Baby Boomers Will Revolutionize Retirement and Transform America*, states “Contrary to prevailing stereotypes, America now possesses not only the largest and fastest-growing population of older adults in our history but also the healthiest, most vigorous, and best educated.” The changing demographics is an invitation to learn to capture the time, talent, and experience of the older population and apply this largely untapped resource to some of the most urgent unmet needs of the communities. This is an opportunity to maximize the maturity, wisdom, and experience of older persons. This is also a time to learn from other cultures that place a high value on their elders. Thinking of older persons as assets provides us with the opportunity to honor older Arizonans; making this phase of their life one of ongoing contribution.

“Perhaps most important, older Americans possess what everybody else in society so desperately lacks: time. Time left to live may give older adults a special reason to become involved in ways that both provide personal meaning and make a significant difference to others. Often they are more civic minded: Older Adults vote at a higher rate than any other segment of the population.”^{xxxv} Some older adults who take early retirement, often through incentive packages, may not be prepared psychologically and socially to retire. It is important to find ways in which retirees can have a sense of contribution and involvement in the community. For many, this will be continuation of a life-long pattern. Some may not have felt that they had time for volunteer commitments when they were employed full time.

The volunteerism rate for those age 33 to 54 is 55% and 46% for persons 55 and older.^{xxxvi} When boomers retire, retirement won’t be the same as for previous generations. Boomers can become an unprecedented resource. Volunteer service organizations, however, will need to revamp their appeal and create meaningful opportunities in order to enlist baby boomers. Boomers have expectations as to the kind of useful roles they can play in helping organizations.

Caregiving

The St. Luke's Health Initiative telephone survey of 501 Arizonans age 40-59 years indicated 1/3 were currently assisting an elder with errands, housekeeping and maintenance and financially. One in five have brought in someone to live with them and 17% have admitted someone into a nursing home.^{xxxvii}

According to statistics developed in 2003 by the National Family Caregivers Association, there are 488,000 informal family caregivers in Arizona. Data from the 2000 census shows 52,210 grandparents in Arizona are responsible for raising their grandchildren. Currently, 96,062 children are living in Grandparent Headed Households, which is a 73.8% increase since 1990.

Almost one-third of all caregivers are balancing employment and caregiving responsibilities. In addition, many older persons are receiving care in a hospital or long-term care facility. The quality of care received is dependent on a public understanding of formal and informal caregiving and appropriate public policy concerning caregivers, as well as the level of support provided to caregivers. The majority of personal care is provided by informal caregivers. Research has shown that informal caregivers are often at increased risk for depression and illness especially if they do not receive adequate support from family, friends, and the community. Knowing what services and programs are available in the community and how to access them can help relieve stress and provide the necessary tools and services to help the family caregiver better cope with their daily pressures and responsibilities. Many caregivers also need training and support in the provision of care. Caregivers play a critical role in the support of their dependent friends and family members, so it is vital that systems and services that sustain the caregiver role and improve the ability of informal caregivers to provide quality care be promoted and enhanced.

Fifty-nine percent of the adult population either is or expects to be a family caregiver. Care provided by family members and friends was estimated to have had an economic value of \$196 billion in 1997. Caregivers dedicate an average of 20 hours per week to the provision of care for older persons. In 1990, there were 11 potential caregivers for each person needing care. By 2050, due to the increase of the percentage of older persons in the overall population, that ratio will be 4 potential caregivers for each person needing care.

Safety

Abuse of older and vulnerable adults, whether through physical violence, imposed or self neglect, or financial-personal exploitation is a problem, which affects all of society. The right of older adults to make decisions regarding the details of their lives must be protected.

Adult Protective Services (APS) received 10,007 reports alleging abuse, neglect or exploitation of vulnerable or incapacitated adults in SFY 2004. APS was only able to investigate 73.63% of all reports received. Reports may have multiple allegations. Of the reports received in SFY 2004:

- 21.48% (1,583) alleged abuse
- 66.71% (4,915) alleged neglect
- 21.46% (1,581) alleged exploitation
- Over 73.5% were for persons 60 years of age or older.
- A typical APS client is a white female, 60 years of age or older, who lives alone with little or no assistance.

Education and lifelong learning

Older persons have a vested interest in remaining vital, relevant, and interesting to each other and to younger generations. More and more retirees are seeking educational opportunities to pursue their intellectual and cultural interests. “Older learners aged 50-90 are becoming increasingly visible on campus, led by the vanguard of retiring boomers. Many of these people are in their third age of life, liberated from the rigors of the workplace, will increasingly discover that retirement does not have to mean withdrawal from activity, and will choose further education from among options that include travel, relocation, golf, and volunteering.”^{xxxviii} Financial stability may enable the pursuit of study for the pleasure of learning. For those under financial constraint, education can provide job-related training programs for computer and business skills, or even manual and customer service skills.

According to the U.S. Census^{xxxix}:

- In 2000, a smaller percentage (25%) of middle to older aged adults (ages 45-64 years) had graduated from high school compared with (32%) of persons aged 65+ years in Arizona.
- In Arizona, about 24% of older men aged 65+ years had a Bachelor’s degree or higher compared to 13% of older women, slightly higher than the national population figures of 21% men and 11% older women.
- A higher proportion of middle to older aged men had a Bachelor’s degree or higher compared to both women and men age 65+ years.
- Overall the data indicate a substantial increase in educational attainment for middle to older aged women ages 45-64 years.

Baby boomers will seek to modernize traditional pedagogy and to include more flexible teaching formats and styles along with an increased use of technology, including distance learning.^{xl} It will be incumbent upon universities, colleges, and institutes for elder learning to find ways to educate older citizens to help them continue as productive social members.

- ¹ Hodge, Paul. (2004, Winter). Baby Boomer Public Policy: A New Vision. *Harvard Generations Policy Journal* 1. Cambridge, MA: Harvard University.
- ¹ St. Luke's Health Initiative. (2002). The Coming of Age. Arizona Health Futures. Phoenix, Arizona.
- ¹ DES, Aging and Adult Administration and University of Arizona. (2003). Arizona's Older Ethnic Minorities 2000: A Demographic Analysis. Phoenix, AZ.
- ¹ Ibid.
- ¹ St. Luke's Health Initiative. (2002). The Coming of Age. Arizona Health Futures. Phoenix, Arizona.
- ¹ Hodge, Paul. (2004, Winter). Baby Boomer Public Policy: A New Vision. *Harvard Generations Policy Journal* 1. Cambridge, MA: Harvard University.
- ¹ St. Luke's Health Initiative. (2002). The Coming of Age. Arizona Health Futures. Phoenix, Arizona.
- ¹ Ibid.
- ¹ DES, Aging and Adult Administration and University of Arizona. (2003). Arizona's Older Ethnic Minorities 2000: A Demographic Analysis. Phoenix, AZ.
- ¹ DES Population Statistics. (2004) The Aging State Workforce and What Do We Face in the Future. Phoenix, AZ.
- ¹ Joint Center for Housing Studies. (2000) Housing America's Seniors. Cambridge, MA. Harvard University.
- ¹ DES, Aging and Adult Administration and University of Arizona. (2003). Arizona's Older Ethnic Minorities 2000: A Demographic Analysis. Phoenix, AZ.
- ¹ St. Luke's Health Initiative. (2002). The Coming of Age. Arizona Health Futures. Phoenix, Arizona.
- ¹ Citigroup Smith Barney. (2004). The Next American Dream: Healthy, Wealthy, and Active: The Baby Boomer in 2010.
- ¹ California Strategic Plan on Aging Advisory Committee. (2004). Planning for an Aging California Population: Preparing for the "Aging Baby Boomers". California.
- ¹ Hickey, T., Speers, M., and Prohaska, T.P. (1997). Public Health and Aging. Baltimore, MD. John Hopkins University Press.
- ¹ St. Luke's Health Initiative. (2002). The Coming of Age. Arizona Health Futures. Phoenix, Arizona.
- ¹ Ibid.
- ¹ Ibid.
- ¹ <http://statehealthfacts.kff.org/cgi-bin/healthfacts.cgi>
- ¹ http://www.aoa.dhhs.gov/prof/notes/Docs/Older_Adults_in_Prisons.pdf
- ¹ Joint Center for Housing Studies. (2000) Housing America's Seniors. Cambridge, MA. Harvard University.
- ¹ http://www.jchs.harvard.edu/publications/seniors/housing_americas_seniors.pdf
- ¹ Ibid
- ¹ http://www.azgohs.state.az.us/elderly_drivers.html#
- ¹ <http://www.cga.state.ct.us/2002/olrdata/tra/rpt/2002-R-0021.htm>
- ¹ Ibid.
- ¹ Molnar, L.J., Eby, D.W., Miller, L.L. (2003). Promising Approaches for Enhancing Elderly Mobility. Transportation Research Institute. Ann Arbor, MI. University of Michigan.
- ¹ http://www.azgohs.state.az.us/elderly_drivers.html#
- ¹ DES Population Statistics.
- ¹ St. Luke's Health Initiative. (2002). The Coming of Age. Arizona Health Futures. Phoenix, Arizona.
- ¹ DES, Aging and Adult Administration and University of Arizona. (2003). Arizona's Older Ethnic Minorities 2000: A Demographic Analysis. Phoenix, AZ.
- ¹ St. Luke's Health Initiative. (2002). The Coming of Age. Arizona Health Futures. Phoenix, Arizona.
- ¹ Citigroup Smith Barney. (2004). The Next American Dream: Healthy, Wealthy, and Active: The Baby Boomer in 2010.
- ¹ <http://www.dhhs.state.nc.us/aging/ltrep.htm>
- ¹ Freedman, Marc. (1999). *Prime Time: How Baby Boomers Will Revolutionize Retirement and Transform America*. Public Affairs. New York, NY.
- ¹ University of Arizona, Office of Economic Development. (2001). New Aging, New Generations: Positioning Pima County in the 21st Century – A report to the Pima Council on Aging. Tucson, AZ.
- ¹ St. Luke's Health Initiative. (2002). The Coming of Age. Arizona Health Futures. Phoenix, Arizona.
- ¹ Gordon, L. and Shinagel, M. (2004). New Goals for Continuing Higher Education: The Older Learner. *Harvard Generations Policy Journal* 1. Cambridge, MA: Harvard University.
- ¹ DES, Aging and Adult Administration and University of Arizona. (2003). Arizona's Older Ethnic Minorities 2000: A Demographic Analysis. Phoenix, AZ.
- ¹ Gordon, L. and Shinagel, M. (2004). New Goals for Continuing Higher Education: The Older Learner. *Harvard Generations Policy Journal* 1. Cambridge, MA: Harvard University

Department of Administration

Part 1: Agency Scan

The Arizona Department of Administration (ADOA) is a staff agency that supports all State agencies in providing services to the public. It is comprised of six divisions: Financial Services, General Services, Human Resources, Information Services, Management Services and Telecommunication Program. These divisions provide services in the following areas: accounting, procurement, risk management, human resources, telecommunications, mainframe support, security, motor pool, surplus property and benefits administration. All divisions will be impacted by the changing demographics; however, the Human Resources Division will have the greatest influence in assisting agencies with its increased services demand.

The Human Resources Division has a customer base that includes over 9,000 retirees and over 62,000 active employees from 100 state agencies, boards and commissions and 3 state universities, including:

- Health and welfare agencies (e.g. Arizona Health Care Cost Containment System, Economic Security, Health Services)
- Protection and safety agencies (e.g. Adult and Juvenile Corrections)
- Transportation agencies (e.g. Department of Transportation)
- Inspection and regulation agencies (e.g. Board of Accountancy, Real Estate, Insurance and Medical Examiners)
- Education agencies (e.g. Department of Education, State Universities, Arizona State Schools for the Deaf and Blind)
- Natural resource agencies (e.g. Game and Fish, State Land, State Parks)
- General government agencies (e.g. Revenue, Commerce)

As the Human Resources Division looks to the future and the shortage of employees to support both the elderly and the young, it must tackle the issue of high turnover. The State's workforce is shrinking, its salaries continue to be significantly below the market and 43% of its workforce has 4 years or less of experience. In 2003, Arizona State Government experienced an overall separation rate of over 15% of covered salaried employees. In addition, 85% of those separations were voluntary. The revolving door of separating employees can be attributed to low starting salaries, insufficient and sporadic pay increases, and the lack of financial support for development and education opportunities.¹ The State is losing physicians, nurses, health program managers, case managers, technicians and assistants. This turnover coupled with the short supply of health care workers and related classifications places the State in a precarious position. This is compounded by the fact that Arizona has fewer doctors and nurses than the national average. Clearly, finding ways to attract and retain high quality staff must be a focus for the State if agencies are going to continue to meet the growing demand for services.

One attraction/retention strategy is to offer an attractive, competitive and comprehensive benefits package. The State recently pursued a self-insured medical plan to maximize the

value of health benefits to State employees through improved choice and control. Beginning October 1, 2004, a new health care program, Arizona Benefit Options is being launched. This self-insured program will allow the State to gain control and flexibility of its plan design. The plan was created specifically for the needs of the State to address the lack of choice in the rural areas, target retiree issues and provide the Universities with needed modifications to address their unique population. Self insurance will allow the State to analyze its own data; identify employees' needs and focus programs on those needs. This will not only help control and reduce overall medical costs, but hopefully will improve the health of the State's workforce.

Another key attraction/retention strategy is to consolidate and improve statewide training. Across all of state government there has been a downward trend in employee satisfaction with agency support of training opportunities, education and professional development. The Arizona Government University (AzGU) was developed to address these challenges. AzGU is the centralized administration for training activities of the 127 agencies in Arizona with a decentralized delivery system. Its purpose is to deliver a cost efficient, cost-effective employee development program that assures access to all executive agency employees. Since 2001, AzGU has implemented a comprehensive, centralized, web-enabled learning management system (STARS) to register for courses, track training, and provide training reporting capabilities for all agencies. It has also standardized 33 supervision and indemnity courses deploying shared training services across all agencies. These training services allow the State to develop its employees at a reasonable cost. Employees want the opportunity to grow and may stay with an employer willing to provide such opportunities.

Finally, Human Resources recognizes the need to market the State's many existing work/life benefits. This is not only important in attracting applicants but also in retaining current employees. The State offers many work/life benefits such as alternative work schedules, a wellness program, employee assistance programs, state subsidized bus passes, telecommuting, and on-site child care. Many employers are looking at these options as a retention tool. The State already offers these programs, but has not marketed them extensively. As a result, employees and applicants may not be aware of these programs or how to attain them. Human Resources recently created a work/life unit to publicize current programs and research new programs. The goal of this unit is to market existing programs to both applicants and existing employees.

Not only has Human Resources placed an effort on attraction and retention strategies, but it has also increased efforts in assisting State agencies with recruitment. In addition to utilizing traditional recruitment methods, the Staffing and Recruitment Section also coordinated, hosted and participated in numerous job fairs and community outreach events. These efforts have focused on recruiting a diverse workforce. The most significant development aimed at assisting agencies with its recruitment is a newly designed employment application system, Hiring Gateway. This new system will allow applicants to apply for positions on-line and be notified of future openings electronically. It will also eliminate the need for a great deal of paper and provide a speedier electronic processing of recruitment requests. Hiring Gateway will be operational in February, 2005 and is just the beginning of Human Resources' efforts to assist agencies with its recruitment efforts.

Part 2: Recommended Actions to accomplish key objectives

In the next five to seven years, Human Resources realizes it must continue to pursue improved compensation levels for state employees. In a recent annual salary recommendation, Human Resources outlined a five-year plan to close the gap between state salaries and the market. Although state salaries will still be below the market in 2009, the gap will shrink to within five percent rather than the 14.9%² we currently face. In addition, further adjustments to compensation levels in years beyond 2009 will be necessary to ensure that salaries remain competitive with the market. If the State is going to compete for the scarce resources in the future Arizona labor market, it must have a competitive compensation plan.

In addition to creating a competitive compensation plan; Human Resources implemented the Human Resources Information Solution (HRIS) in January 2004. HRIS replaced a system that was more than 10 years old and unable to provide timely and pertinent information to management. HRIS uses state of the art information technology that will allow managers to plan for the changes in the workforce. Using the information available in HRIS, the State must find the additional resources to conduct workforce planning. Workforce planning is predicting and preparing for the State's future workforce. Workforce planning is a dynamic process. It involves identifying workforce needs and the strategies to meet those needs.

Workforce analysis information will provide the State the opportunity to develop strategies for retaining key employees eligible for retirement and/or conduct thorough succession planning. Succession planning is used to improve recruitment for key positions. It fosters developing employees who are seen as a resource and who possess the key skills, experiences and values that are important to the organization. Management and knowledge-based employees will continue to be highly valuable. Retiring employees can serve as inspiring mentors allowing them to pass on their professional and life lessons. In addition to mentoring, intensive training may also be required.

Training may take many forms and must be flexible in meeting the demands of management. It will include increasing partnerships with community colleges and other learning institutions. This will allow the State to grow its future leaders internally. And, as technology, especially information technology (IT) continues to rapidly transform the workplace the State will need to increase technical training in order to close any gaps that exist between employee skills and constantly evolving job requirements. The State must take these proactive steps if it is going to survive the future shortage of staff facing all employers.

While compensation and workforce analysis are critical Human Resources concerns, it also must continue developing its benefits and work/life programs. As the labor market shrinks, retention of older workers must be considered. According to a study by the Society for Human Resource Management, workers age 56 and up most frequently cite benefits as the most important element of job satisfaction. This would suggest that if the State hopes to retain older workers, benefits must be constantly evaluated to ensure their needs are met. Also, as employees assume the responsibility of providing elder care, voluntary benefits such as long term care and group legal will become more important in attracting employees. The State will also focus on additional work/life programs that can be implemented with little or no cost in the future.

² 2004 Annual Salary Recommendation

Part 3: Action steps and Anticipated Results

As Arizona's workforce continues to shrink, competition between employers will become fierce. If the State is to continue providing public service, it must be able to compete for employees. If the State does not curb turnover and increase its ability to attract and retain employees, agencies will not be able to meet the increasing demands of a growing population.

Action:

- Create a competitive compensation plan for state employees.
- Use claims utilization review to identify health issues and trends; identify employees' needs and focus programs on those needs, assist in controlling and reducing overall medical costs while improving the health of the State's workforce.
- Assist agencies in "growing their own" staff by increasing training, including technical training, closing the gaps between employees' skills and constantly evolving job requirements.
- Market existing work/life benefits.

Results:

- Reduced turnover.
- Become employer of choice.
- Reduced unplanned absenteeism.
- Increased longevity of productive employees.
- Decreased medical costs.

As managers struggle to retain current employees and hire new employees, Human Resources must provide the necessary tools to assist managers and the employees they hire.

Actions:

- Provide workforce analysis – proactive recruitment vs. reactive.
- Explore and develop new recruitment options, such as posting notices in senior citizens' journals, centers and professional societies.
- Explore recruiting military veterans and retirees.
- Develop and provide succession-planning tools.
- Assess employees' training needs.
- Develop training for emerging skills.
- Provide variety of training in various formats to meet demands of employees.
- Automated recruitment system.
- Establish mentoring programs.
- Establish internship programs high school and college students.

Results:

- Timely recruitment.
- Expand potential labor market to include the State's retired citizens and provide job opportunities to seniors who may want or need to work after retiring.

- Expand potential labor market to include former military.
- Expand potential labor market to include high school and college students.
- Reputation as an active recruiter and good employer of older workers and former military.
- Become employer of choice.
- Decreased turnover.
- Improved employee morale.
- Transfer of knowledge.

As employees become primary elder care givers, provide employees assistance to balance work/life issues.

Actions:

- Increase availability of voluntary benefits such as long-term care insurance.
- Provide part-time work for employees easing into retirement.
- Job sharing.
- Continue offering flexible work schedules.
- Family care support.
- Health and wellness initiatives.

1. Results:

- Focused employees.
- Employer of Choice.
- Healthier workers and environments.
- Reduced Turnover.

Arizona Health Care Cost Containment System

Part I: Agency Scan

Mission

Reaching across Arizona to provide comprehensive, quality health care to those in need.

Vision

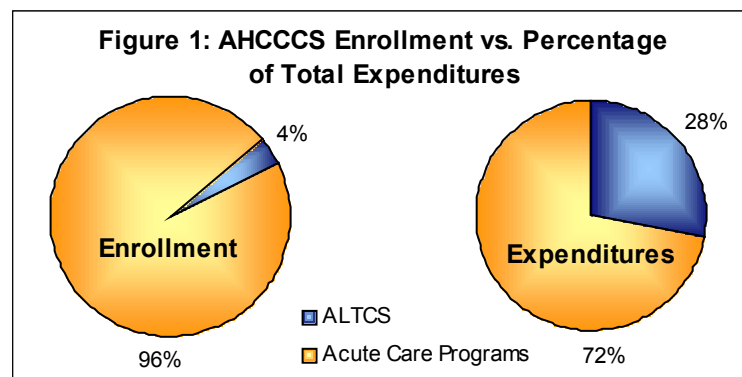
Shaping tomorrow's managed health care... from today's experience, quality and innovation.

The Arizona Health Care Cost Containment System (AHCCCS) provides health care coverage to the State's Medicaid population, low-income groups, and small businesses. AHCCCS is a public-private partnership that uses federal, state and county funds to contract with public and private managed care entities. In 2004, nearly one million members qualified for either acute or long term care services.

From its inception in 1982 until 1988, AHCCCS covered only acute care services. In November 1988, the program was expanded to include the Arizona Long Term Care System (ALTCS) for elderly and physically disabled (EPD) and developmentally disabled (DD) populations. Unlike programs in other states that rely solely on fee-for-service reimbursement, AHCCCS provides prospective capitation payments to its contracted health plans. The result is a managed care system that mainstreams recipients, allows them to choose their providers, and promotes the coordination of quality care.

Whereas ALTCS members account for only 4% of the nearly one million AHCCCS enrollees, they account for approximately 28% of total AHCCCS expenditures (*Fig. 1*). Due to the costly nature of this population, it is critical that Arizona, one of the fastest growing states in the nation, prepare for an aging population through innovative, sensitive, and cost-effective programs.

In its role as the Medicaid provider to both acute and long term care populations, AHCCCS is uniquely positioned to provide an entire continuum of services



and settings that impact an aging population. Programs that emphasize the prevention and management of chronic diseases and promote healthy behaviors, ensure efficient use of public resources and create a positive difference in the quality of life for aging Arizonans. A range of settings and services that offers flexibility and favorable alternatives to institutionalization is equally important.

Demographic Profile

Figure 2: Age Distribution

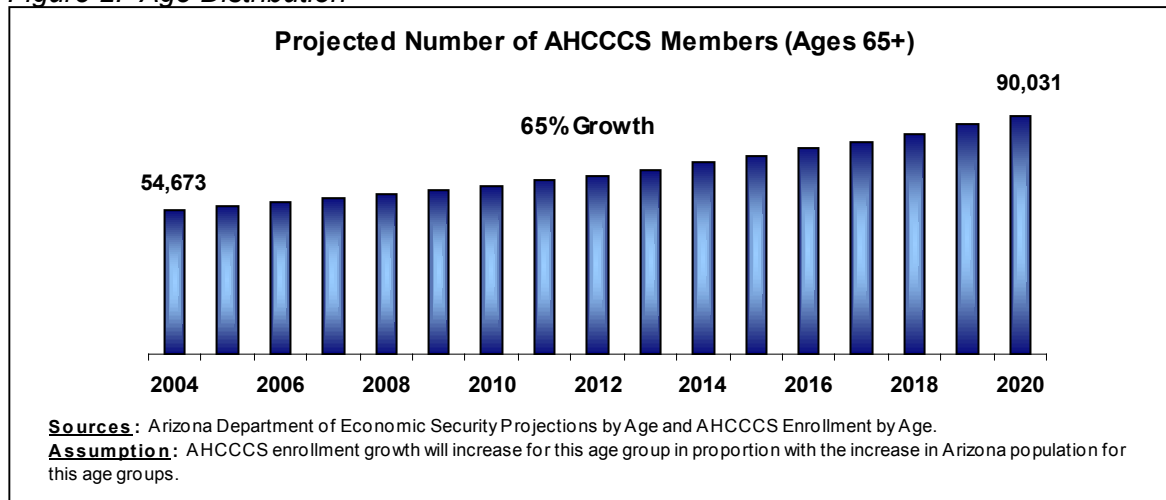


Figure 2 illustrates the current AHCCCS population age 65 and older and its potential for growth. Presuming that AHCCCS growth is proportionate to that projected statewide, the volume of members age 65+ could increase approximately 65% by 2020.

Currently a full 36% of AHCCCS members age 65 and older reside in the State's rural communities. It is presumed that older individuals will continue to account for over one third of rural residents. This reinforces the importance of planning for rural as well as urban populations.

Currently a full 45% of members are Hispanic. Presuming that future AHCCCS ethnicity changes are consistent with those projected statewide, Hispanics could represent an even greater percentage of the 65+ membership in the future.

Key Issues and Current Responses

As the provider of acute and long term health care coverage to approximately 20% of the Arizona population, AHCCCS must address some key issues vital to changing demographics. The issues both impact and are impacted by the Agency's strategic plan, available on its website at www.ahcccs.state.az.us. The Plan establishes a commitment to: 1) control medical cost inflation, 2) improve health care quality and accessibility, 3) reduce the volume of uninsured, 4) improve agency infrastructure, and 5) maximize opportunities for collaboration and integration of services. These five imperatives guide current and future policy and program responses to the following demographic aging issues identified by AHCCCS.

Costs and Funding

In a climate of steadily rising health care costs and limited funding, the economic consequences of demographic aging present a critical challenge. The 4% of AHCCCS members already enrolled in ALTCS account for approximately 28% of total AHCCCS expenditures. As the percentage of seniors increases, the per capita cost of health care is likely to increase. Present state and federal funding sources for Medicare and Medicaid may

prove to be structurally insufficient to support these changing demographics. Both long term financing reform and fiscal responsibility emerge as major considerations in addressing care for an older population. Medicaid is currently the primary source of long-term insurance coverage for the elderly and disabled, including middle-income individuals who exhaust their assets as a result of long term care. Funding these services places considerable burdens upon state Medicaid budgets.

- ALTCS takes advantage of federal waiver opportunities to offer a flexible long term care system, and has established principles, programs and payment strategies that encourage and support the delivery of cost-effective, quality services in the least restrictive settings.
- Currently approximately 60% of the ALTCS elderly and physically disabled populations reside outside an institutional nursing facility. The cost to provide services to an individual in his/her own home or community is one third the cost of a nursing facility bed, and survey research indicates that older adults overwhelmingly prefer to remain in their own homes as long as practical. ALTCS covers an extensive range of home and community-based services (HCBS), and has continued to explore and expand coverage of additional types of assisted living facilities that allow members alternatives to institutionalization.
- An estimated 17% of Arizonans lack health insurance. Efforts to reduce the uninsured population in Arizona are vital to ensuring accessibility to care and, ultimately, maintaining the health of an aging population in a cost-effective manner. AHCCCS administers Healthcare Group (HCG), which offers affordable premium based insurance to small businesses. Over 46% of the small business employees covered by HCG are age 50 and older. This is a group that often has difficulty obtaining affordable coverage.

Unique Health Care Needs

An aging population means an increase in the number of individuals living with one or more chronic conditions and seeking care in a system that is, in large part, structured to respond to acute care needs. AHCCCS is challenged to respond proactively by supporting preventive measures and coordinating quality care and disease management for members of **all** ages, throughout all programs, and across an entire continuum of services.

- A critical response to demographic aging and its accompanying chronic care burden is the prevention or early recognition and management of disease and disability in individuals of all ages. AHCCCS covers annual wellness examinations and screening procedures for an array of diseases (e.g. cervical cancer, prostate cancer) and offers multiple health education programs (e.g. nutrition, smoking cessation) designed to encourage healthy lifestyles at all ages.
- To facilitate the earliest possible identification of members who may benefit from care coordination, disease management, or some other population-specific assistance, AHCCCS requires contracted health plans to conduct health risk assessments on all new members.
- AHCCCS places significant importance on immunizations, including influenza and pneumonia immunizations for adults. Tracking and outreach is particularly important in

light of recent data suggesting that flu and pneumonia immunizations for frail adults contribute to decreases in illnesses, hospitalizations, and nursing facility admissions.

- Presently AHCCCS is engaged in a Performance Improvement Project (PIP) to facilitate the management and coordination of care for dual-eligible members (covered by both Medicare and Medicaid). The objective is to improve continuity and quality of care for the member while reducing duplication of services and controlling costs.

Availability and Accessibility of Care

Changing demographics will only magnify current issues related to the availability and accessibility of health care. The number of formal and informal health care providers could be inadequate to meet the needs of an aging population. Because the elderly have an increased need for health care services, the healthcare workforce will need to increase in greater proportion than the overall 65% growth projected for Arizona's senior population. This presents a challenge since Arizona currently claims fewer doctors and nurses than the national average, and paraprofessionals are seeking alternative jobs that offer greater satisfaction and salaries. Family caregivers, who previously assumed 70% of the care for their elders are also aging and may be unable to continue in caregiver roles without additional support. Future strategies must address barriers to the adequacy of both workforce and settings.

Geographical concerns add another dimension to issues of accessibility. Although a majority of Arizona's older population resides in urban counties (i.e. Maricopa and Pima), a number of rural counties include a greater proportion of elder residents than urban counties. Almost one third of the population age 65 and older resides outside urban areas. This rural population is likely to increase, challenging AHCCCS to assess new strategies to support the growth of local health care infrastructures and evaluate emerging technological opportunities such as telemedicine.

- ALTCS contractors are required to submit an *Annual Network Development and Management Plan* that analyzes the current status of their networks, identifies gaps, and describes strategies for improvement. These plans promote the identification of issues and potential solutions to meet the needs of members. In addition, ALTCS contractors use member-provider councils to represent respective stakeholder communities. Council member feedback assists contractors in identifying unmet needs, and prompts them to expand provider networks, revise transportation practices, and improve communication practices that impact accessibility to services.
- ALTCS currently pays for services rendered by family members (with the exception of spouses and parents of dependent children). Today approximately one half of all paid caregivers are family members. Sustaining that percentage is critical to the maintenance of an adequate caregiver force.
- AHCCCS is a major participant in a variety of councils and work groups, including the *Interagency Council on Long Term Care*, the *Governor's Council on Aging*, and the *Governor's Citizen's Work Group on the Long Term Care Workforce*. With the support of multiple stakeholders, these collaborations identify gaps in services and facilitate mutual improvement efforts.

- Behavioral health services are a necessary component of care for a significant number of ALTCS members. Effective coordination of behavioral and medical case management reduces costs by facilitating more timely discharges from acute facilities and more appropriate use of community resources.

Ethnic Diversity

Older Arizonans may be more diverse in their ethnicity and their health needs. The 2003 Census estimated Arizona's Hispanic population as 25% of the state's total population. It is also a growing population. This is a significant consideration for AHCCCS since Hispanics already account for the largest percentage (45%) of enrolled members. The Arizona Native American population, which currently accounts for 3% of the State total, is projected to remain stable. Native Americans presently account for 11% of enrolled members. Sensitivity to factors such as culture and language, especially in older individuals, has significant implications for patient compliance and reduction of health disparities.

- AHCCCS requires contracted health plans to address cultural competency education and concerns with its network.

AHCCCS Workforce

The AHCCCS infrastructure is not immune to an aging demographic, and provides an example of the challenges confronting the community at large. Current analyses indicate that 39% of the Agency's workforce will reach retirement age by the year 2020. Additionally, 8% have already accumulated or are close to accumulating the full number of points required for full State retirement benefits. Without attention to employee retention and succession planning, the attrition of these experienced employees could significantly impact the Agency's ability to fulfill its mission.

- The AHCCCS Human Resources Department has assessed the demographics of its employees and developed a strategic plan that is responsive to an aging workforce. Plan objectives address a variety of relevant topics, such as employee retention and succession planning.

Part II: Recommended Strategies

Consider demographic aging in all health care quality improvement processes

- Develop additional incentives for health plans, program contractors, and providers to meet quality standards and prevention goals. AHCCCS is currently exploring *Pay for Performance* strategies designed to encourage providers to practice preventive care.
- Expand disease management programs designed for chronic conditions to include those at all stages of the disease process. Effective programs are particularly important because of estimates that, by 2020, as longevity increases, 25% of the population will suffer from multiple chronic conditions.

- Identify and expand health education opportunities for individuals of **all** ages and promote wellness throughout the aging process. In particular, obesity has definite consequences for an aging population, increasing the risks involved with such diseases as arthritis, diabetes and hypertension.
- Investigate alternatives for financing currently uncovered services that are vital to senior independence and quality of life; specifically vision, hearing, and dental services. These services are not covered by Medicare or Medicaid but may promote continued independence for seniors.
- Prepare for the needs of a growing ethnically diverse population by promoting cultural competency in healthcare education and throughout the healthcare delivery system.

Prepare an adequate and appropriate delivery network

- Investigate opportunities to facilitate provider recruitment and retention efforts, particularly in underserved areas, by 1) supporting the infrastructure of Federally Qualified Health Centers (FQHCs) and other existing providers and 2) cooperating with State medical schools to support professional training programs that produce gerontological specialists and fill gaps in medical service availability.
- Expand the use of physician extenders in underserved areas (e.g. nurse practitioners, physician assistants) and improve the continuum of care by developing more informal and community resources.
- Facilitate and support caregiver education through collaborative partnerships and ensure ongoing access to useful caregiver resources.
- Encourage and support non-traditional methods of financing long term care (e.g. compensating family caregivers via tax credits and respite, supporting measures that make long term care insurance a reasonable option).
- Ensure the stability of nursing home facilities, hospitals and other critical providers through equitable reimbursement rates and support of strategies that address unsustainable malpractice premiums.
- Improve accessibility to care by investigating opportunities to enhance medically necessary transportation services.

Maximize information and technology

- Enhance information systems to improve the ability to collect and analyze pertinent data, particularly related to senior health issues.
- Review and revise the AHCCCS website to ensure its suitability for an aging population (e.g. large fonts options, user-friendly directions, adaptations for disabilities), and recognize that the web may provide many applications in the future that do not exist today.

- Evaluate the efficiency, effectiveness, and cost-benefit of technological advancements that allow individuals to remain safely in their homes (e.g. assistive devices, medical monitoring, telemedicine).

Collaborate and partner with other agencies and organizations

- Partner with the Center for Medicare and Medicaid Services (CMS) to implement a pilot program that integrates Medicare and Medicaid services for dual eligible seniors through managed care plans that provide both programs.
- Cooperate with DHS to enhance outreach efforts and improve participation in preventive services (e.g. adult immunizations, obesity programs).
- Collaborate with Federally Qualified Health Centers (FQHCs) and other stakeholders to expand health services in under-served areas.
- Support “universal building” efforts extended by the Department of Housing. Universal building requirements impact senior safety and eliminate the need for future AHCCCS coverage of structural revisions (e.g. rails, ramps).
- Advocate for continuing collaboration with other State agency partners under the direction of a unifying entity (e.g. university department of gerontology, local research or educational organization) to address vital aging issues.

Part III: Anticipated Results

- Older adults, families, and other stakeholders have easy access to information and resources. One stop shopping for information and referral on a variety of matters is available and addresses cultural and language barriers. More self-help services are available and utilized by the community.
- Older adults age in place later into the life cycle, and the percentage seeking nursing home placement decreases in contrast to the percentage using home and community-based services.
- The development and support of in-home caregiver networks is an ongoing process designed to meet the needs of increasing numbers of older adults seeking to remain in their own homes.
- As a result of network expansion and innovative technology (i.e. telemedicine, home monitoring), adequate care and services are available and accessible to an aging population.
- Education, preventive care, and effective disease management programs lead to a reduction in the burden of chronic care. Seniors are healthier and more independent.
- Collaboration between State agencies and community organizations ensures integration of services and ongoing attention to the needs of an aging population.

Arizona Attorney General's Office

INTRODUCTION

As the state's chief legal officer, the Attorney General has many duties, but at the heart of the mission is an unwavering commitment to:

- promote justice
- protect all Arizonans by aggressively enforcing the laws
- safeguard Arizona's economy, environment and heritage for our children

Attorney General Terry Goddard serves as the state's chief legal and law enforcement officer charged with promoting justice by aggressively enforcing Arizona's laws and prosecuting crimes within the state's jurisdiction, and providing legal representation and training to Arizona state agencies, boards, and commissions. The Attorney General's Office represents the State of Arizona in major litigation cases, provides services to victims in criminal cases and works to secure the passage of new legislation that will protect Arizonans.

Protecting Arizona's seniors from abuse, exploitation, and discrimination is an important priority of the Attorney General's Office. Arizona's seniors are often more vulnerable to physical abuse and neglect by caretakers and many times are specifically targeted by those attempting to defraud them through home repair, living trust scams, bogus charities and other financial scams. They also often are discriminated against based upon their age, disability, or national origin.

Specifically charged with the enforcement of the Consumer Fraud and Civil Rights Acts, Attorney General Goddard is extremely committed to the protection of the rights of vulnerable groups such as the growing aging population--which includes women, minorities, non-English speakers, the disabled and immigrants.

In order to better serve and address the needs of this diverse group in the future, this Plan will guide the Arizona Attorney General's Office in improving the services offered--with an emphasis on consumer fraud and civil rights.

AGING 2020 PLAN

Arizona's overall state population is expected to increase from 5.1 million people in 2000 to 7 million people in 2020, representing a 39% increase. However, the demographics of the State's population are expected to change dramatically. Mirroring national trends, there will be a substantial increase in the population of people over 60 years of age. In 2000, the age demographic of people over 60 years of age accounted for 17% of the state's overall population. By 2020, the same demographic will account for 24% of the state's total population.³

³ *Arizona's Older Ethnic Minorities 2000: A Demographic Analysis*. Arizona Center on Aging (the University of Arizona) and Arizona DES Aging and Adult Administration.

Especially striking are the growth projections for the Hispanic population of 65 to 84 years of age. Between 1995 and the end of 2004, the growth of this age group will have out paced the growth of the white non-Hispanic population by 43%. If this trend continues, by 2025 Hispanics will comprise two thirds of the senior population 65-84 years of age.⁴ Arizona is a culturally diverse state, and therefore other races and ethnicities most likely will be represented in the increased aging population as well, but in lower numbers.

The growing number of seniors in Arizona will require the Attorney General's Office to deploy increased resources on many fronts to protect this vulnerable population from fraud, abuse and neglect and ensure that their civil rights are protected.

Increases in the number of aging adults and their specific issues will significantly affect the availability, accessibility and delivery of services to Arizonans in the near future. These increases are likely to bring additional complaints in the areas of consumer fraud and discrimination based upon age, disability, and national origin. This growth suggests that relevant protection and advocacy services must evolve to meet the needs of our aging and diverse population.

Attorney General Goddard is prepared to expand upon the strategies and initiatives proposed and developed within his Office during the past 2 years to address the current and future needs of Arizona's diverse aging population. Enforcement, education and program accessibility in the areas of consumer fraud and civil rights are at the forefront of initiatives to be undertaken by the Office.

The Attorney General has long recognized that the aging population is particularly vulnerable to consumer fraud and discrimination. Therefore, shortly after taking office, Attorney General Terry Goddard created the Community Services Program (CSP) to provide greater services and program access to the public with the emphasis directed to addressing civil rights and consumer fraud issues, including those affecting the diverse aging population.

The Community Services Program reflects a partnership between the Civil Rights Division and the Consumer Protection and Advocacy Section of the Attorney General's Office. CSP is comprised of three units: Elder Affairs, Immigrant Assistance and Conflict Resolution. These units complement each other and are designed to promote civil rights and consumer protection program and service accessibility through outreach and education, alternative dispute resolution, and complaint intake and other assistance—through statewide satellite offices.

Questions for Aging 2020

1. Consider the impact of the state's changing demographics on your agency. What are your agency's overreaching policy issues, direction, program considerations, changing constituency needs and management issues related to these changing demographics?

Response

⁴ *Id.*

The Attorney General's Office will address the specific needs of the aging population by providing services that are diverse and culturally appropriate with an emphasis in the areas of consumer protection and civil rights.

The Office's priorities identified for this Plan include:

- (1) Prevent the diverse aging population from becoming victims of civil rights violations and consumer fraud scams.
- (2) Combat fraud and discrimination against the diverse aging population by investigating complaints, filing lawsuits, and/or mediating or conciliating cases.
- (3) Continue to develop and expand the services offered to the general public through the Office's statewide satellite offices.
- (4) Ensure that the aging population is educated about its rights under the civil rights and consumer fraud laws, and informed about the enforcement processes used by the Attorney General's Civil Rights Division and Consumer Protection and Advocacy Section.
- (5) Expand upon the use and development of culturally relevant and appropriate materials and outreach information for the diverse aging population.
- (6) Increase the number of complaints and the means to successfully resolve them, despite limited resources and staff.

Remaining Aging 2020 Questions:

2. What is your agency doing to address or respond to these anticipated changes?
3. What recommended actions could your agency take in the next five years to seven years to address the priorities you have identified that reflect the impact of the indicated demographic changes? Also, consider collaborative approaches among state agencies and how such collaborations could fit into an overall state planning process.
4. What are several results you expect to achieve through your recommended actions?

Responses

The following actions will be taken by the Arizona Attorney General's Office through the leadership of the Community Services Program, the Civil Rights Division, and the Consumer Protection and Advocacy Section, to meet the Office's identified priorities.

Priority #1: Prevent the diverse aging population from becoming victims of civil rights violations and consumer fraud scams.

Current and Future Actions:

- (1) Inform the seniors about their civil rights and ways to protect themselves in consumer transactions through education and outreach.

(Consumer scams often specifically target the senior population. Complaints received by the Office indicate that older consumers are generally less skeptical and more trusting of businesses. They also are more likely to provide businesses with personal information, generally less aware of their legal rights, less likely to report being the victim of a scam, and are particularly vulnerable to door-to-door sales and telemarketing schemes. In addition, persons who discriminate also frequently target older persons—particularly those with language or other difficulties.)

(2) Identify new civil rights issues that may have an adverse impact on the aging population (and perhaps, particularly minorities), and evaluate whether the issues should be addressed through coordination with other state or federal agencies, regulatory or legislative change, or litigation.

(3) Develop partnerships and collaborate with community groups, grass roots organizations, and local, state, or federal agencies to educate and develop initiatives applicable to seniors, where appropriate.

(4) Use new technology and communication tools to enhance outreach and education efforts such as the internet, mass media, video programs and electronic filing of complaints.

(5) The Attorney General's Office will also continue to play an active role in advocating for victims in civil and criminal cases and advancing public awareness efforts.

Expected Results:

(1) Arizona's aging population will have timely access to information and prevention services provided by the Attorney General's Office to help them (or their family members) make informed decisions and avoid becoming victims of fraud and civil rights violations. This population will have increased access statewide to programs and services provided by the Office.

(2) Fewer members of the diverse aging population will be the victims of consumer fraud or civil rights abuses.

(3) Particularly vulnerable seniors (and their family members) will be educated and informed regarding their rights and the Office's complaint processes.

Priority #2: Combat fraud and discrimination against the diverse aging population by investigating complaints, filing lawsuits, and/or mediating or conciliating cases.

Current and Future Actions:

(1) The Attorney General's Office will continue to protect Arizona's diverse aging population through:

- (a) Enforcement of state and federal discrimination laws against the aging population in the areas of housing, employment, public accommodations, disability, and voting, including the filing of impact litigation.
- (b) Enforcement of state and federal laws involving consumer fraud, including the filing of impact litigation.
- (c) Issuing of consumer alerts to warn the aging population about consumer fraud, con games and other criminal activities.
- (d) Participating in and monitoring changes in legislation and government agency policies and procedures involving civil rights and consumer fraud issues that may affect the aging population in the above-mentioned areas.
- (e) Continuing to provide mediation and conciliation services for the resolution of complaints affecting the aging population through the staff and volunteers associated with the Conflict Resolution Unit (CRU) of the CSP.
- (f) Successfully resolving civil rights and consumer fraud inquiries and complaints in languages in addition to English through the use of bilingual investigators, lawyers, CSP staff, and mediators—as well as through written and visual materials in more than one language.

Expected Results:

- (1) Consumer fraud and discrimination cases will be resolved expeditiously, efficiently, and through means of communication that the victims can understand.
- (2) The filing and publicizing of impact litigation involving the aging population will serve as a means of deterring future violations of consumer fraud and discrimination laws.
- (3) Mediation of cases involving seniors will provide for a successful, efficient, and satisfying means of resolving these matters and will result in the ability of the Office to handle additional complaints in the future.

Priority #3: Continue to develop and expand the services offered to the general public through the Office's statewide satellite offices.

Current and Future Actions:

- (1) Continue to recruit, train, and oversee volunteers to respond to inquiries and take civil rights and consumer fraud complaints at the existing satellite offices and those that may be established in the future.
- (2) Continue to recruit and train volunteers who speak languages other than English, and provide informational materials and forms in languages other than English.

- (3) Expand the publicity concerning the existence of the satellite offices, and the hours of operation.

Expected Results:

- (1) A significantly larger portion of the aging population throughout Arizona will be served through the use of volunteers.
- (2) The number of complaints submitted through the intake services provided by the satellite offices will be increased.

Priority #4: Ensure that the aging population is educated about its rights under the civil rights and consumer fraud laws, and informed about the enforcement processes used by the Attorney General's Civil Rights Division and Consumer Protection and Advocacy Section.

Current and Future Actions:

- (1) Continue to create and develop culturally relevant outreach and education strategies that will promote program accessibility to an aging and diverse population. For example, plans include creating ways of reaching the aging population through collaboration with other social service agencies; education campaigns in partnership with local government and grass roots organizations; conducting Town Hall meetings throughout the State of Arizona with discussions aimed at computer crimes, predatory lending, identity theft, financial fraud, telemarketing and sweepstakes scams and age and disability discrimination; distributing civil rights and consumer fraud information at community events such as "Senior Day" at the Arizona State Fair and Aging Conferences; making oral and visual presentations to those persons with literacy issues; and translating written documents and presentations into languages other than English.

Expected Results:

- (1) A significantly larger proportion of the aging population will understand their rights and become informed consumers, thus reducing the possibilities of becoming victims of consumer fraud or discrimination.
- (2) The greater awareness generated by these efforts will enable members of the aging population to know how to initiate consumer fraud or discrimination complaints.

Priority #5: Expand upon the use and development of culturally relevant and appropriate materials and outreach information for the diverse aging population.

Current and Future Actions:

- (1) Create materials, audio-visuals, and presentations in English and other languages, and in oral, as well as written, formats.

(The delivery of information to address consumer and civil rights issues to Arizona's diverse seniors will need to accommodate the communication needs

of this population. Seniors often are more comfortable receiving information through the mail, newspapers, TV and face-to-face meetings than through the Internet. In addition, the diversity of the senior population will require efforts to provide consumer information in languages in addition to English. This may necessitate coordination with other state agencies or organizations to provide translation services and to facilitate the distribution of information to non-English speaking populations. Finally, as some members of the aging population have difficulties with literacy, methods of communication other than the written word should be used.)

- (2) Collaborate and partner with other Attorney General Office sections, federal and state agencies, and community organizations, to create new materials and conduct joint presentations that will positively impact the aging population.

Expected Results:

- (1) Greater segments of the culturally diverse aging population throughout the State of Arizona will be reached.
- (2) Effective communication mechanisms and tools will exist to serve the specific needs of the diverse aging population.

Priority #6: Increase the number of complaints and the means to successfully resolve them, despite limited resources and staff.

Current and Future Actions:

- (1) Maximize resources by utilizing a diverse pool of volunteers to assist in providing services to the aging population and to staff the Office's statewide satellite offices.
- (2) Increase the efficiency of the satellite office complaint intake process for civil rights and consumer fraud violations through additional training of volunteers and the consistent use of forms and procedures.
- (3) Maximize resources by utilizing a diverse pool of volunteer mediators to expand the provision of culturally relevant conflict resolution services in cases involving the aging population.

Expected Results:

- (1) The Attorney General's Office's ability to provide access to seniors who are victims of consumer fraud or discrimination will be greatly increased through the use of volunteers. This presumably will allow more complaints to be filed with the Civil Rights Division and the Consumer Protection and Advocacy Section.
- (2) The quality and quantity of complaints taken in through the satellite offices should increase since the volunteers will have greater knowledge and will be using consistent procedures and forms.

(3) The use of a culturally diverse pool of volunteer mediators will allow more cases involving senior victims to be resolved.

Conclusion

The Arizona Attorney General's Office is committed to addressing the many consumer protection and civil rights issues faced by the growing aging population in Arizona, and welcomes public input on this proposed plan to assist the Office in continuing to assess and monitor its delivery of services.

Arizona Board of Regents

Impact of State's Changing Demographics on Arizona's Universities

Arizona has critical workforce shortages in almost all of the health disciplines including nursing, pharmacy, social work, medicine, dentistry, long-term care administration, public health, occupational therapy, and physical therapy. In addition to creating initiatives that address the statewide health professions workforce shortage, attention needs to be given to the facts that (a) most clients seen by health professionals *are* older; (b) specialized skills and knowledge are needed to provide health care/services to older adults; and (c) historically, Arizona has devoted very few resources to preparing a health professions workforce with specialized skills in caring for the aged. Arizona ranks low among the states for health professionals certified in providing care for elders in almost all of the health disciplines. Arizona currently has no programs to train credentialed geriatric providers in any discipline except medicine, and the geriatric fellowship program at the University of Arizona has very few participants.

Another demographic trend that cannot be ignored in this discussion is that the aging population is not only becoming larger and, on average older, it is also becoming more ethnically diverse. The Hispanic aging population is actually growing faster than any other major population group. This creates the critical need for a workforce with specialized skills in providing services/care to elders as well as specialized skills in working with ethnically diverse groups of elders.

In Arizona, we have a number of assets that influence our abilities to assume a national leadership position in creating new knowledge about aging. Of particular note are the unique character of our aging population with regard to size, ethnic composition and lifestyle; and the nationally recognized research expertise in areas such as cognitive aging, chronic illness management, health services research, cancer, family care giving and elder abuse. We have evolving expertise in a number of other areas as well.

The aging network in Arizona is quite extensively developed thanks to leadership offered by the Arizona Department of Economic Security and the model case management system developed in Pima County in the mid 80s. This existing network is extremely important for meeting the needs of elders in the anticipated population "bulge". Relationships between the aging network and the Universities have been cultivated over many years and ongoing collaborations are reflected in joint projects occurring at this time. This existing framework provides the unique opportunity to jointly create and test new service delivery models. The resources and expertise of the Universities provide the aging network with technical support and the resources and expertise within the aging network offer university researchers extensive opportunities for knowledge development.

As the older population increases, and with the current trend toward remaining healthier longer, we can anticipate more individuals seeking to "re-tool" for second and third careers. Encouraging this trend is extremely important since the number of younger workers is diminishing. Two factors are needed to promote this trend. First, educational environments, specifically Universities, must take action to become increasingly accessible and appealing to

older learners. Second, employers need to take action to create work environments that support retention of older workers.

Northern Arizona University has for some time been attentive to the issue of aging in Arizona in relation to its undergraduate education and service missions. NAU presently has an academic Gerontology Program and a gerontology service unit. Both of these units have been in place for well over a decade.

Status of Arizona State University Gerontology Program

In response to emerging trends, ASU offers a Gerontology Program, administered by the College of Human Services at the West campus, in two formats. First, the certificate program is available to graduate students who wish to have gerontology as an added part of their graduate degree program or to the non-degree graduate student seeking only the certificate. Second, undergraduate students can pursue a minor in gerontology, which can be completed as part of most, if not all, undergraduate degree programs.

The program is delivered on a distributive model (i.e., the program is University-wide with a mandate to provide access to students on all ASU campuses) and is currently supported by a director, a half-time administrative assistant, a half-time lecturer and faculty associates. An Executive Steering Committee, consisting of faculty representatives from the three campuses (East, West, Tempe), provides faculty governance of the program. A curriculum review was conducted during the fall, and a number of revisions were made and, subsequently, approved through the University's curriculum process.

Currently, there are 42 students enrolled in the gerontology certificate program. The 21 credit hour program allows graduate students, regardless of whether they are pursuing a degree in Nursing, Social Work, Education, Business, Public Administration, Recreation, Law, etc., to learn enough about older adults so that they can make informed decisions affecting this segment of our population, enhance the application of their knowledge from their academic major, or develop new career opportunities.

The undergraduate minor consists of 18 credit hours. Students complete two three-credit core courses and four three-credit electives. It is harder to track the number of students pursuing the minor in gerontology since many students take gerontology courses and don't decide to declare the minor until the last semester.

The priorities for the 2003-2004 academic year were to complete the implementation of the distributive program model and to revise the curriculum based on input from the Executive Committee. The priorities for the 2004-2005 academic year are to increase recruiting efforts and to work with the gerontology programs at the University of Arizona and Northern Arizona University to increase opportunities for students throughout the state to pursue a certificate in gerontology. Although the programs at the three universities differ in terms of overall requirements, we have already found ways to make it easier for students to take courses at all three campuses, regardless of where they are pursuing the certificate.

ASU College of Nursing

Geriatrics and gerontology has long been integrated into the undergraduate and graduate curriculum at the College of Nursing. Education in both programs includes didactic and clinical learning experiences that prepare students to assume the care of older adults in a variety of settings including primary care, home care, long term care, palliative care and in the acute hospital environment. College of Nursing faculty are cognizant of the growing need to prepare nurses who can provide the highest level of care to the fastest growing of our population today. Moreover, they appreciate the benefit of educating students to function geriatrics and gerontology as members of multidisciplinary teams and to that end, have developed relationships with a diverse group of community partners in order to foster learning in the interdisciplinary milieu. For example, in the Adult Health Advanced Practice Nursing specialty graduate tract where collaborative practice is an essential feature, students jointly practice and care for older adults together with nurse practitioners, clinical specialists, social workers, therapists, clergy, geriatricians, geriatric residents and fellows as part of the Sun Health/St. Joseph's Geriatric Fellowship Program. Because of the nature and scope of their educational preparation, graduates of this program are eligible for national certification in geriatrics and adult health.

Research Programs

The potential for research in the gerontology area is nearly endless. Building on existing efforts, the research portfolio for ASU's Gerontology Program is primed to grow exponentially.

Status of Arizona Geriatric Education Center

The Arizona Geriatric Education Center (AzGEC) grant was funded by HRSA in 2002 through the University of Arizona, College of Nursing. Funding extends through 2007 with the possibility of future 5-year renewals. The Board of Regents approved AzGEC in July 2003. It is administratively situated within the Arizona Center on Aging. The goal of this grant is to improve knowledge of health professionals in the state of Arizona in Geriatrics/Geriatric Care. The Center is a consortium composed of the Colleges of Agriculture and Life Sciences, Medicine, Nursing, Pharmacy, Public Health and the Gerontology Program (U of A), the School of Social Work and Gerontology Program (ASU) and the Veterans Administration Hospital in Tucson. It also involves the College of Social and Behavioral Sciences (U of A), the A.T. Still University in Phoenix, and there is an AzGEC office housed in AHSC in Phoenix. This grant supports education for the completion of certificates in gerontology by health professionals, curriculum development and continuing education. Close collaboration between U of A and ASU allows students to fulfill certificate requirements through on-line courses offered at each university that are accepted at both institutions. The goal was to have one certificate program approved by faculty at both sites, but that goal has not yet been realized for a number of reasons. Most of the health professions students at ASU are from the School of Social Work.

Status of Arizona Center on Aging

The Arizona Center on Aging (ACOA) was founded in 1980 and was designated as one of the 11 Centers of Excellence in the Arizona Health Science Center in 1986. The Center was originally sponsored by the College of Medicine and in 2000 sponsorship shifted to the Colleges of Nursing and Public Health. ACOA is charged with meeting all three of the University Missions. Currently it is very involved in the educational mission and the service mission in providing consultation and technical support to members of Arizona's Aging Network including the Department of Aging and Adult Services and the Governor's Council on Aging (when requested). A number of planning documents have been produced for agencies at the state level and studies of various aspects of aging in Arizona have been conducted. A process of enhancing the research mission through solicitation of grant funding to support the development of a national center on excellence through the National Institute of Aging is also underway. ACOA had its Sunset Review in the spring of 2004. Overall the review was very positive and it is moving through the University System for action in the Provost's Office. ACOA receives state funding in the amount of \$200,000/year, which supports 6 full-time staff members.

Status of Education in Health Professions

College of Medicine—There is currently an elective program, the Optimal Aging Program, for students enrolled in undergraduate medical education. The program links students with a community-dwelling, healthy senior. The senior serves as a mentor to the medical student for the entire 4 years of the curriculum and helps the student understand issues related to aging successfully in Arizona. Students are also required to attend a variety of educational offerings on aging-related medical issues. All students receive content on geriatrics in various courses in the medical curriculum. There are elective courses on geriatric medicine offered as well. In the third and fourth year, there is mandatory content and clinical experience on geriatrics as part of the clerkship in internal medicine. There is a small geriatric fellowship program for individuals enrolled in post-graduate medicine. All internal medicine residents have a mandatory "rotation" in geriatrics (one month) and residents in family and community medicine also have supervised experiences providing care to elders. Medical education in Phoenix occurs for 3rd and 4th year medical students as part of two electives. Graduate medical education occurs for internal medicine residents and as part of the geriatric fellowship program. AzGEC is very involved in these activities. In Tucson, a great deal of aging-related research focused on arthritis, cancer and so forth, is occurring, but very little of it is focused on the component of the disease as it relates to aging.

College of Nursing—There is some geriatric content integrated into the curriculum for undergraduate students, but no electives. There is no geriatric nurse practitioner option for graduate students, but individuals enrolled in the family nurse practitioner and the adult health nurse practitioner programs receive mandatory content on geriatrics/gerontology and additional elective courses are available. Discussions of opening a master's option in gerontological nursing have been ongoing, but there is no progress to date. A number of doctoral students are enrolled in the gerontology minor and/or take elective courses in gerontology/gerontological nursing. A sizable part of the research at the college of nursing focuses on aging or is aging-related.

College of Pharmacy—One course on geriatrics is offered through Gerontology certificate program and information is integrated into the curriculum for PharmD students. A faculty member who has great expertise in geriatrics and who was a great advocate for enhancing geriatric content has just retired and replacement of that person has not yet occurred.

College of Public Health—One course on the epidemiology of aging is offered through the AzGEC grant. There is no focus on aging in the epidemiology program, although there is some interest by faculty. Some of the research at the College of Public Health is aging related and individuals in the Arizona Prevention Center have interest in collaborating on aging research.

Northern Arizona University

The inter-disciplinary Gerontology Program is housed in the Department of Sociology & Social Work, within the College of Social & Behavioral Sciences. This program offers an undergraduate level certificate in Gerontology and promotes awareness and study of aging issues across disciplines and professions. The program enrolls students who are pursuing the bachelor degree as well as graduate students and practicing professionals in the Flagstaff area. As a certificate program, it is designed to complement disciplinary academic studies or professional programs such as social work, health promotion, nursing, and parks & recreation management. The emphasis of the program is on cultural diversity and the aging experience. Special focus is given to Hispanic and Native American ethnic populations in Arizona. The primary goal of the program is to enhance the provision of services to the elderly by increasing understanding of the multiple facets aging and the ways that these processes are shaped by cultural and social contexts. Although the gerontology certificate program is offered only at NAU's Flagstaff campus, the foundation course in the program (Soc 360-Sociocultural Aging) is delivered online on a regular basis.

The Northern Arizona Regional Gerontology Institute was established in 1986 and administers variety of volunteer programs aimed to encourage senior participation and involvement in the community, enhance services to the aged in the Flagstaff region, and create continuing education opportunities for elders.

Graduate Certificate Program in Gerontology

An interdisciplinary graduate-level certificate program in Gerontology has been in development and will be formally proposed in Fall 2004 and will be open for enrollment in Summer 2005. The program is designed to complement numerous baccalaureate or graduate/professional degree programs and to serve working professionals in social services, health care, support services, behavioral health and long-term care, as well as NAU students. The program will be delivered entirely online, enabling students in any location to pursue the certificate or enroll in selected courses.

Collaborative Statewide Certificate Program in Gerontology

Over the last two years Northern Arizona University, University of Arizona, and Arizona State University program leaders have been collaborating in the development of plans for a statewide graduate program in Gerontology with an integrated curriculum that builds on programs already in place at University of Arizona and Arizona State University. This program has the potential of becoming one of the leading programs in the nation as a result

of the increased resources available through the three campuses, the differing foci of gerontology faculty on the three campuses, and the demographic characteristics of the state. The program would be delivered online. Individuals enrolled at any of the three universities could take courses at any other university that would contribute to their degree. They would receive their diploma or certificate from the institution with which they were registered.

Northern Arizona University's contributions to the collaborative program would include courses that focus on the social and cultural dimensions of aging, psychology of aging, aging policy, and the physiology of aging. NAU has also cultivated practicum placement opportunities that would involve work with diverse elder populations, especially Native Americans.

Aging-Related Research

Northern Arizona University faculty are engaged in research related to the social service delivery to the aged, cultural variation in the aging experience, biological processes of aging and aging-related health conditions. NAU will continue to support these and other gerontology research efforts of its faculty, programs and centers in the years ahead. The institution will pursue opportunities to enhance research capacity in the area of gerontology through external funding and partnerships with local agencies and other educational institutions.

Collaborative Tri-University MSW Program

Arizona State University-West, Northern Arizona University, and Arizona State University-Tempe are collaborators in delivering an accredited MSW program on the NAU campus in Flagstaff (ASU-West is the degree granting institution and holds the CSWE accreditation). This cohort program is designed to serve social work professionals in rural and Native American communities in the northern region of Arizona. The program currently emphasizes social work practice with youth and families in rural contexts. Long-term planning discussions among faculty involved in the program have identified gerontology as a potential emphasis for a future cohort. A gerontology focus could be developed through utilization of components of the NAU or Statewide Collaborative Gerontology programs. Alternatively, MSW students at any campus could be encouraged complete a graduate certificate in Gerontology, which would prepare social work professionals for specialized practice with the aged and their families.

Status of Graduate Program in Gerontology—University of Arizona

The Interdisciplinary Program on Gerontological studies originated as a post-baccalaureate certificate program in the 1980s. As it evolved, it was authorized to offer a minor in gerontology at the baccalaureate level as well as a PhD minor. In the 1990s it became one of the programs within the U of A interdisciplinary program structure through the Graduate College and was authorized to offer a master's of science degree. The fit of the program with the Graduate College was never good for several reasons. With its applied focus, Gerontological Studies was the only "professional" degree offered through the interdisciplinary program structure, there was never a doctoral major, and the program was intended to serve a more diverse consumer base than most of the other interdisciplinary programs. In addition, because of the broad focus, involving faculty from Agriculture and Life

Sciences, Education, Science, Medicine, Nursing, Pharmacy and Social and Behavioral Sciences, unlike most of the other programs in the interdisciplinary structure, there was not a strong departmental advocate that offered support to the program. Financial support for the program wavered yearly and, despite a positive program review in 1998, recruitment of students to the program became an ethical challenge to faculty who had no assurance from year to year of the program's continuation. In 2004, as part of the focused excellence initiative at the University of Arizona, the Gerontology Interdisciplinary Program was eliminated from the Interdisciplinary Program Structure. It became administratively linked to the College of Nursing and operationally linked to the Arizona Center on Aging. In that move, the baccalaureate minor was eliminated and enrollment for the Master's Program was put on hold. All financial support for the program was eliminated. The Gerontology Certificate Program continues, largely due to a federal grant, and the faculty clings to the desire to "re-open" admission to the Master's Program in 2005. Currently 19 certificate students are enrolled, a number of whom are pursuing a Gerontology minor as part of their doctoral programs in other fields. There are currently 11 master's students who are completing their programs of study.

Recruitment of students to the gerontology program has been an ongoing challenge. Part of the problem has been concern about ongoing administration support from year to year. Another concern, however, is that specialized training in gerontology has not been valued by Arizona employers. For example, in the long term care industry, one in which one would assume specialized knowledge would be valued, employers have been unwilling (unable?) to create pay differentials reflecting acquisition of advanced knowledge. As a consequence, there are few incentives for individuals to seek advanced education. Ultimately this reflects on the quality of care being provided, as reflected by many of the national quality indicators. However, in an industry in which there is little competition, quality is something of a non-issue. This is changing as awareness of these issues across the country is changing and competition is increasing.

Nursing Program Expansion

Arizona State University has approached increasing their enrollment capacity through the initiation of two accelerated baccalaureate nursing education program at ASU East and West campuses. This strategy alone will meet the specifications of SB 1260 and increase the geographic distribution of nursing students and new graduate registered nurses across Maricopa County.

Northern Arizona University is in the process of filling seven nursing education faculty positions and has plans to increase enrollment capacity by 100%, following approval of their budget request during the 2004 Legislative Session.

The University of Arizona's College of Nursing has instituted an accelerated second baccalaureate degree program through a public-private partnership with Tucson area hospitals and healthcare systems. By expanding this program to other geographic locations in the state, the University of Arizona will be able meet its expansion goal.

Planned Nursing Expansion Over FY2003 Levels

FY2004	FY2005	FY2006	FY2007	FY2008
--------	--------	--------	--------	--------

Arizona State University	40	90	110	130	140
Northern Arizona University	24	52	68	68	70
University of Arizona	48	64	82	100	100

Medical School Expansion Into Phoenix

In expanding the college of medicine into Phoenix four areas of planning, design and development will be required. These areas are each essential to the success of this expansion and in a critically important way essential to the success of the further maturation of the university system and the development of a great biomedical teaching and research base in Phoenix. The four areas of planning, design and development include:

- The Phoenix Biomedical Campus will be linked to the planning of the capital center campus of ASU and a joint planning, design and development effort will be undertaken to establish a physical environment that can be the home for TGEN, the U of A College of Medicine, new hospital facilities and associated research and teaching enterprises.
- An expansion plan must be carefully developed that positions the U of A College of Medicine not only for expansion in M.D. production but also for research and clinical engagement.
- It is anticipated that ASU will assist in the expansion of the College of Medicine through a focused set of designed linkages.
- It is anticipated that this planning, design and development process will make full use of emerging telemedicine teaching and research enhancement technologies between Tucson and Phoenix in both directions.

Recommended Actions

Provide resources and administrative support for sustaining and expanding the gerontology certificate programs at the three universities, including a health focus (geriatrics/geriatric care) and a more general focus (gerontology).

Provide resources and administrative support for the creation of a statewide, tri-university approach to providing academic degrees (MS, PhD) in gerontology. Offerings of the three universities need to be congruent with faculty expertise.

Increase accessibility, through distance learning, to gerontology education in Arizona. Promote collaboration between the Community College and University systems to enhance career mobility.

Create public awareness of the need for specialized knowledge and skills in providing services (health and otherwise) to, and designing products for, elders.

Provide resources and administrative support for the expansion of the medical campus in downtown Phoenix and its programs.

Provide incentives to departments to incorporate aging experts in their hiring plans. In many cases it is possible for a department to fill a specific need with an individual who also provides expertise in aging to the university community.

Through systematic partnership building, foster collaborations between state agencies and the universities to create and evaluate new service delivery models within the aging network.

Results Expected

Increased number of health care providers graduating from Arizona's universities with specialized knowledge and skills in providing services to older persons. The ultimate result will be improved quality of health care for Arizona's citizens.

Increased number of graduates in all programs with specialized knowledge and skills about aging.

Increased sensitivity by employers to the importance and competitive advantages of employing individuals with specialized knowledge and skills about aging.

Strengthening of the Arizona workforce by increased numbers of older workers who are "re-tooled" and active workforce participants.

Recognized leadership of Arizona in development of new knowledge about aging and creation of new service delivery models.

Increased grant-funded research on aging in social, physical, and health sciences, and the concomitant positive impact on the University and State economies.

Arizona Department of Commerce

Part I: Agency Scan

At the Arizona Department of Commerce “Our Job is Jobs!” The Department is the statewide entity responsible for implementing job creation, expansion and retention strategies. The Department works closely with local and regional economic development organizations to implement this mission.

The primary goal of the Department is to strengthen and diversify the state’s industry base by attracting, growing and retaining high-wage jobs. Quality job growth creates opportunity for Arizonans and expands the state’s tax base.

Expanding the tax base is critical to providing sufficient tax revenues necessary to fund important public services, particularly those demanded by an aging population. Life-long learning programs, public transportation, fire, safety and health care services are almost entirely dependent on public resources. High paying jobs and a strong economic base will be critical to state and local government’s ability to provide sufficient resources to serve changing public needs.

Currently, Arizona’s economic base is heavily dependent on low-paying service sector jobs and those created by population growth. As a consequence, Arizona’s per capita income is 85% of the national average. Just as problematically, many of the industries comprising the state’s traditional economic base have diminished in strength.

To address these challenges, the Department is structured to focus on the four core areas of economic development: Research and Planning, Community Development, Global Business Development and Workforce Development.

- **Research and Planning:** Conducts comprehensive studies and analyses of data from more than 125 sources to inform statewide economic development activities. This information is made available to businesses, regional and local economic development entities and all levels of government.
- **Community Development:** Provides technical and financial assistance to towns, cities, counties and tribal communities on land use planning, economic development strategies, public infrastructure and the complexities of zoning.
- **Workforce Development:** Crafts policies that support efficient and effective coordination of workforce programs statewide and provides the business community with job training grants, apprenticeship registration and information technology training tax credits. (The Department provides staff support and policy expertise to the Governor’s Workforce Development Council, the entity charged with overseeing state and federal workforce resources. The Department of Economic Security is the fiscal agent for federal Workforce Investment Act resources and works closely with the Council and Commerce.)

- Global Business Development: Facilitates retention, expansion and location of businesses across the state. The Department supports targeted industry sectors, entrepreneurs, small businesses, minority and women-owned enterprises, and support in accessing international markets.

Impact on Agency Mission

The state's changing demographics will have the following impacts on the Department's mission and policies:

- Elevate the importance of industry base diversification, particularly in rural areas.
- Compel consideration of the unique needs of a growing senior population (i.e. aging in place) in the Department's work to promote rural infrastructure development and community planning.
- Require the development of a state, regional and local workforce system prepared to train an aging population.

Consideration to Programs

Changing demographics will require the Department's programs to do the following:

- Continue to prepare and disseminate state and local economic base studies, which include demographic information.
- Research best practices and economic development trends/strategies designed to address/capitalize on shifting demographics. Disseminate this information via existing outreach mechanisms (web, local seminars, Main Street and Rural Economic Development Initiative facilitated sessions, and the annual Rural Development Conference).
- Update technical assistance efforts associated with rural infrastructure development, community planning, and economic development programs to include principles promoting "aging in place."
- Update small business services collateral material and train customer service staff to assist an older population seeking to start small businesses.

Constituent Needs

The impact of the state's changing demographics on the economic development constituency will require the Department to do the following:

- Coordinate with local and regional economic and workforce development entities, as well as local government community/infrastructure planners to assess the issues that arise due to an aging population.
- Since many stakeholders depend on the Department to develop information, best practices, and economic development trends/strategies, the Department will need to incorporate need to develop a research agenda that incorporates aging related issues.

- Constituents will expect that the annual Rural Development Conference includes specific workshops/seminars designed to educate local and regional economic development entities regarding how to incorporate the realities of an aging population into business development, workforce and community planning strategies.
- The Department and Arizona Department of Economic Security will need to collaborate to support the Governor's Council on Workforce Policy in its efforts to align the state's workforce system with the training needs of seniors seeking to re-enter or remain in the workforce.

Management of the Agency

The impact on the management of the Agency will focus on training internal workforce to update skills to meet changing needs

Agency's Current Activities

The Department currently integrates demographic issues in its research and rural targeted technical assistance efforts. The Department recently completed a series of community economic base studies. These studies help communities to better understand key drivers of the local economy, including local demographic breakdown and economic dependence on seasonal visitors, retirees and various industries. This information is critical to the development and implementation of local economic/workforce development plans. Economic base studies are available at www.azcommerce.com.

Part II: Recommended Actions to Accomplish Key Objectives

Priority 1: Diversify the State's Industry Base

The Department will continue to attract new high-paying jobs, assist existing Arizona businesses to expand and work to retain key industry sectors. Growth in high paying jobs creates opportunity for Arizonans and expands the state's tax base, generating tax dollars that support important public services. Department research has concluded that industries vital to the state's economic success include computer software and systems, healthcare and biotechnology, industrial machinery, communication services, high-tech instruments, forest products, engineering services such as research and testing, transportation and logistics, agriculture/food processing/agricultural technology, and defense/aerospace/avionics.

Priority 2: Align Workforce System to the Demands of Aging Workers

Along with Arizona Department of Economic Security, the Department will work with the Governor's Council on Workforce Policy to develop and implement short- and long-term strategies designed to train and retrain an aging population.

Priority 3: Research

The Department will continue to develop information designed to assist communities to better understand their local and regional economies, including the characteristics of the workforce.

Further, over the course of the next few years, the Department will work with stakeholders to develop research projects that assess the impacts/opportunities of an aging population on state and local economic development strategies. A top research priority will likely be work in support of the Governor's Council on Workforce Policy.

Priority 4: Technical Assistance and Outreach/Awareness Activities

Much of the Department's work in community development involves technical and educational assistance to local communities. Improving the Department's ability to provide information and expertise associated with aging issues will be critical to imbedding demographic realities in local planning and infrastructure development. The Department will provide relevant information via the Rural Economic Development Initiative, Main Street, Community Planning (Growing Smarter) and Greater Arizona Development Authority programs. Also, the Department will utilize the annual Rural Development Conference as a forum to explore the issue over time.

Part III: Action Steps and Anticipated Results

Priority 1: Diversify the State's Industry Base

Steps

- Implement long-range, statewide plan for economic development. The plan includes new business attraction in high-wage sectors; development of the state's technology and innovation environment; small, minority and women-owned business assistance; and military base preservation.

Results

- Increased industry diversity. Increased concentration in targeted industries. Increased per capita income. These results create opportunities for Arizonans and strengthen the tax base, generating tax dollars that support important public services.

Priority 2: Align Workforce System to the Demands of Aging Workers

Steps

- Coordinate with Arizona Department of Economic Security to support work of the Governor's Council on Workforce Policy to develop and implement short and long-term strategies designed to train and retrain an aging population. The Department will also support this effort with appropriate research.

Results

- A seamless state, regional and local workforce training system that provides quality training and re-training assistance to an aging populations.

Priority 3: Research

Steps

- Conduct original research and evaluate nationwide best practices and existing studies to provide relevant information regarding issues associated with growth in the aging population to state, regional and local business, workforce and community development entities.

Results

- Accurate and timely information about the changing demographics and how local business and community development planners can prepare for impacts and capitalize on potential opportunities.
- The research will also influence Department implementation of programs, thereby improving service.

Priority 4: Technical Assistance and Outreach/Awareness Activities

Steps

- Coordinate with key stakeholder networks to increase awareness and to incorporate demographic trends and associated strategies into local and regional economic, community and workforce development plans. Key networks include: Communities participating in the Rural Economic Development Initiative and Main Street programs, members of the Governor's Council on Innovation Technology, Governor's Council on Workforce Policy, Growing Smarter Oversight Council, and Arizona Film Commission, and regional and local economic development entities.
- Develop workshops/seminars at the annual Rural Development Conference that explore aging issues and share best practices.

Results

- State, regional and local business, workforce and community development plans will analyze the implications of an aging population and, where appropriate, implement specific actions informed by that analysis.

Arizona Department of Corrections

PART I

1a. *Consider the impact of the state's changing demographics on your agency.*

Staff

- State projections estimate that by 2020, 26 percent of the population of Arizona will be 60 years of age or older and there will be as many people of retirement age as there are 20-35 year-olds.
- The ADC workforce numbers 10,322 of which 7,019 (73%) are in correctional series positions and 2,619 (27%) are in non-security series slots. Of the correctional series, 24 percent are 46 years of age or older and 61 percent of non-correctional series employees are 46 years of age or older. In addition, a number of staff are eligible to retire in the next one (416), five (1,054), ten (2,389), and fifteen (4,778) years.

Offender Population

- The number of older inmates in Arizona state prisons is expected to shift as well. The Department anticipates a 79 percent increase from 3,012 to 5,389 inmates in the 50 years of age and older group and a 115 percent increase from 743 to 1,601 in the 60 and over age group by 2020 of inmates. In comparison, the under-50 aged group is expected to grow by no more than 47 percent.
- This shift toward an older offender population reflects the continuation of a trend dating back to the early nineties. Fueled in part by an increase in the State's general population, prison commitments of offenders aged 50 or over increased by 98 percent from 1993 to 2003, while commitments of younger offenders increased by 58 percent. The increase in time served under Truth-in-Sentencing statutes also impacted the age demographics as the number of 50 years of age and older incarcerated offenders increased by 140 percent over this same period, while the number of under-50 incarcerated offenders increased by 64 percent.
- While we expect to see some aging in the inmate population, analysis suggests no other significant change in the distribution of the offender population such as to race/ethnicity, committing offense category, or offender custody level.
- Finally, due to the aging of the offender population, the Department expects a slight drop in the percentage of offenders who are at high-risk for violent recidivism.
- Chronic medical conditions requiring enhanced medical care will increase as the population ages. The rate of increase should remain fairly constant as a percentage of

the 50 years or over incarcerated population. Between December 2001 and December 2003, Cardiac Care patients increased 25 percent, Cancer patients increased 17 percent, and Respiratory-related illnesses rose about 10 percent. The Cerebral-vascular related and Respiratory-related death rates are expected to increase for offenders 50 years and older. The chronic condition rates of illnesses resulting in high cost care or death while incarcerated, will contribute to the overall increase in the cost of health care.

1b. *What are your agency's overarching policy issues, direction, program considerations, changing constituency needs, and management issues related to these changing demographics?*

Overarching policy issues:

Staff

- Recruiting and retaining an adequate number of qualified personnel will continue to be of significant concern. As the current workforce ages and retires, the pool of potential applicants may decrease thus adjustments to the work environment, work schedules, benefit programs, recruitment activities and succession planning to attract a changing workforce will be pursued.

Offender Population

- The overall increase in the size of the inmate population particularly in the metropolitan areas of Arizona impacts the state's ability to protect the public. Mandatory sentencing plus high rates of revocation and recidivism impact bed demands and corrections spending. The greater number of older offenders increases health care costs. Effective management of scarce state resources will feature developing a continuum of supervision and services to punish prisoners in the least restrictive (and least costly) setting and improve Re-Entry outcomes. Consideration should be given to using community supervision more often for elderly, non-violent, non-sex offenders.
- Recidivism rates are lower for certain elderly inmates however older inmates are more likely to be serving longer sentences because they have longer criminal histories thus remain confined longer than may be necessary to protect the public. Earlier release for certain older inmates may be in the public's overall interest leading to modification of some sentencing statutes.
- Elderly inmates have increasingly debilitating health care needs. Earlier release options for non-violent prisoners in need of chronic nursing care may be beneficial when they are no longer a risk to the public. Coordination of structured release efforts for elderly, non-violent offenders requiring assisted living or long-term care accommodations will require legislation.
- Ninety-six percent of all offenders are serving a term of years (versus a sentence of life or death) and will be released to the community after their sentence expires, thus these offenders need to prepare for release from the first day of their incarceration. That all offenders develop viable discharge plans prior to release and commensurate with available community services is more difficult for the elderly who often have had less practice and now are less mobile and self-sufficient due to age and medical issues. The demand for specially trained caseworkers and access to wrap-around

services will increase. The application for social security benefits, family reunification efforts and identification of a viable residence prior to release should also be addressed before discharge.

- Segregating elderly and/or infirmed offenders in prison may minimize victimization and enhance discharge planning. ADC is considering a geriatric housing unit featuring all the needed services on-site. The geriatric design would support a continuum of care including a subacute infirmary, assisted living, and hospice services. The feasibility of grouping several states' aging offenders may also be explored.
- A number of older ADC inmates were admitted past the age of 50 for sex crimes. While sex offenders overall have a low rate of recidivism, fixated pedophiles in particular, reoffend regardless of age thus are not suitable for early release. Needless to say, re-entry planning must be specifically tailored to address public safety concerns.
- Offenders with severe physical limitations and/or sensory-neural deficits may benefit from 'offender aides' to assist them with their Activities of Daily Living (ADLs) or mobility needs. ADC will provide offender aide skills training (and develop Nursing Assistant vocational training program) to ensure an adequate number of trained inmates are available.
- Changing local zoning ordinances, and promoting interagency and community collaboration will increase placement options for elderly offenders.

Direction:

Staff

- Modifications to Department policies will be made:
 - ❑ Benefits, Recruitment & Hiring, Training & Education, Work Assignments, Work Hours, Compensation and Leave Provisions, Health-Assessments, Accommodation & Alternate Assignments, and the Assistance & Support Program should be addressed.
- Recruit, retain, train, retrain and recognize excellent full and part-time ADC staff including returning retirees to represent this flagship agency.
 - ❑ Attract, hire and retain a diverse, qualified professional workforce, and recognize their contributions.
 - ❑ Develop innovative advertisements that promote the Department as a prestigious employer.
 - ❑ Consider signing bonuses for critical positions.
 - ❑ Develop progressive pay plans that provide regular cost of living increases.
 - ❑ Provide a continuum of state-of-art pre-service, in-service and career development training programs that prepare the ADC workforce to assume and perform their duties with excellence.
 - ❑ Develop training modules that can be delivered in multiple formats at all locations on a just-in-time basis for specified skills.
 - ❑ Develop a variety of work schedules to accommodate retirees including job-share opportunities wherever possible.
 - ❑ Delay retirements with meaningful incentives.

- Provide a work environment that affects and sustains staff including prevention, wellness and incentive programs.
 - ❑ Promote employee wellness and personal accountability for health by creating a culture that discourages obesity and other harmful behaviors such as smoking, poor dietary and hygiene habits.
 - ❑ Encourage and provide incentives for wellness and physical conditioning.
 - ❑ Develop on-site mediation programs wherein employees can resolve workplace issues as an alternative to resignation.

Offender Population

- Modifications to Department policies will be made to address the changing needs of inmates:
 - ❑ Visitation, Spiritual Activities, Classification, Discipline, ADA Compliance, Levels of Supervision, Work Activities, Legal Access to the Courts, Recreation, Mail/Property & Stores, Food Service, Education, Release System & Eligibility, Community Corrections, Access to Health Care and Mental Health Care, Treatment & Programs.
- Improve public safety by reducing offender relapse, revocation and recidivism.
 - ❑ Prepare aging offenders throughout their sentence to ADC to successfully re-enter society as civil and productive elderly citizens.
 - ❑ While in prison and prior to release, provide older offenders with specialized pre-release training/programming as needed. Address employability, post-incarceration treatment programs, diet/health/nutrition counseling, mobility concerns, etc.
 - ❑ Adjust housing, employment, training, transportation, and psychological and physical care as needed.
 - ❑ Older offenders may require different approaches to community supervision.

Program Considerations:

Staff

- Develop and implement enhanced programs for staff:
 - ❑ Expanded correctional/medical staff education programs such as sensitivity training regarding the normal characteristics of healthy aging, personal accountability for health aimed at disease prevention and chronic disease management, mobility safety and mental health issues.

Offender Population

- Develop and implement enhanced programs for offenders:

- ❑ Expanded mandatory offender programs that focus on personal accountability for health aimed at disease prevention and chronic disease management, nutritional and physical education, decision-making, self-sufficiency and life skills in preparation for release.

Changing Constituency Needs:

Staff

- Shifts in FLMA requests from child care to elder care are anticipated.
- Increase staff and staff time allocations to supervision, programming and special equipment to manage elderly offenders through daily activity schedules, i.e., meals, transportation, health care, daily hygiene activities etc.

Offender Population

- As the aging population increases, special health issues will as well; as examples, the need for dentures (from 50 pair of dentures per thousand) and corrective lenses (from one pair per 5.5 offender patients). Other specialized health necessities may include hearing aids, special diets, intensive rehabilitative therapies and adaptive equipment, modified organized physical activity programs, for hospitalizations and surgeries, secure ADA-accessible housing units, and specialty geriatric units.
- Inmates (40 years and older) need corrective lenses, large print materials and adaptive equipment (magnifying glasses).

Management Issues:

Staff

- Recruitment and retention of qualified staff, especially in hard-to-fill job classifications and in outlying geographic areas.
- Competitive staff salaries, benefits and opportunities for career advancement.
- Increased Security, Support and Medical staff (particularly Nurses and CNAs) to keep pace with demands of an aging offender population.
- Adjustment of work schedules to accommodate retired workers within Social Security benefit limitations.
- Identification of positions suitable for part-time employees (retirees, etc.).

Offender Population

- Cost increase associated with more hospitalizations and pharmacy utilization by an elderly offender population is expected.

- Collaborate with local, county and State agencies regarding appropriate placements for special needs inmates with consideration to shared expenses for contract placements.

2. What is your agency currently doing to address or respond to those anticipated changes?

Policy Issues:

Staff and Offenders

- Identifying Department Orders that will need to be revised to address the specific issues of aging.
- ADC strategic planning work groups regularly update agency goals and objectives.

Offender Population

- **Periodically revalidate the ADC offender classification system to accommodate needs and risks associated with elderly male and female offenders assigned to correctional facilities and field offices.**
- **Periodically review the ADC offender disciplinary system, and implement changes as necessary to address elderly offenders.**
- **Identify offender supervision and programming strategies suitable for elderly offenders.**
- Establish expectations for elderly offenders commensurate with seniors in the community and assign older inmates to school, work and treatment accordingly.
- Re-Entry efforts are being expanded to reflect the needs of older parolees.

Construction:

- The Inpatient Component Units (IPC) at ASPC-Florence and ASPC-Tucson provide intermediate care to offenders' pre or post-hospitalization, post-surgery, and on outpatient status. ADC is working to expand IPC bed capacity to provide additional beds for offenders in need of step-down and hospice care at ASPC-Tucson.
- A facility master plan proposal will include an assessment of housing for elderly and infirm inmates.

Staff Recruitment and Retention, Competitive Salaries and Benefits:

- Develop competitive pay plans with salary adjustments that are competitive with both public and private sectors (e.g., Shafer Pay Plan) and meet the needs of part-time workers and retirees.

- Representation at career fairs; placement of ads in event programs
- Employment opportunities posted on state and national web sites as well as in print and radio ads.
- Community College/University student intern programs and ex-military recruitment.
- Health Professional Shortage Area Loan Repayment Program provides an opportunity for loan repayment awards to medical, dental and mental health professionals serving under-served populations.
- Publicizing work/life enhancements (alternative work schedules, state subsidized bus passes, and telecommuting options).
- Expand vanpool transportation for COs to all staff.
- Formalize speakers' bureau to recruit at community colleges, universities, and technical schools.
- Proactive exploration of additional benefits such as wellness programs, targeted health care, long-term care, group auto/home insurance, day care services/assistance, and tuition reimbursement.

Offender Disease Prevention and Management:

- Comprehensive medical, dental and psychological intake screening to facilitate early identification of health care issues and individualized inmate care plans.
- Chronic conditions identified and monitored with provider visits every three to six months.
- Annual TB screening and annual physicals for offenders 55 years and older.
- Discharge planning program in development in collaboration with local, county and State agencies to ensure continuity of care.
- ASPC-Tucson has been designated as the facility to develop an end-of-life program. Although this program will be accessible to all offenders, primary beneficiaries will be the elderly. A partnership is being developed with private hospice organizations.
- Development of a patient offender flow system that designates specific facilities according to the offenders' clinical needs. This system will encompass all ADC health facilities and assign aging offender patients to clinics appropriate to their needs. Plan includes specific staff training and resources.

Hospitalizations:

- Case management and discharge planning is provided.

- Pre-authorization requests are processed through Central Office.
- Fee management is in place through AHCCCS.

Containing Pharmacy Costs:

- Use generic drugs whenever appropriate.
- The Pharmacy and Therapeutics Committee reviews and revises the drug formulary periodically.
- Clinical Pharmacist in conjunction with Medical and Mental Health Program Managers track requests for non-formulary items to detect trends and make necessary formulary changes and develop more cost effective prescribing habits.
- Membership in large national buying group yields better pricing.

PART II

3. *What recommended actions could your agency take in the next five to seven years to address the priorities you have identified that reflect the impact of the anticipated demographic changes? (Awareness, realignment of resources, policy changes, new resources) Also, consider collaborative approaches among State agencies and how such collaborations could fit into an overall State planning process.*

Staff

- **Establish an intra-agency task force to develop plans for recruitment, retention, and reallocation of staff consistent with projected needs. Consideration will be given to the following:**
 - ❑ **Expansion of Tuition Assistance Program to attract or incentivize employees to seek degrees in correctional disciplines. Subsidization may be contingent upon continued employment for a predetermined period of time after completion of degree or repayment of subsidy.**
 - ❑ **Development of staffing model requirements to support an aging population with social service and rehabilitative therapy staff as needed.**
 - ❑ **Provide incentives to encourage employees who retire generally between the ages of 46 to 55 to continue to work after minimum retirement age.**
 - ❑ **Examine the possibility of changing CORP rules similar to ASRS so retirees can return to work without losing retirement benefits.**
 - ❑ **Extend DROP program benefits to CORP ADC staff.**
 - ❑ **Determine physical requirements of the job and explore a tiered concept of work assignments for an aging workforce.**
 - ❑ **Succession planning.**

- **Health Services and Staff Development and Training will develop training curricula to educate Security and Medical staff in preparation for the impending evolution of aging in Corrections. Human Resources will explore the availability of federal grants for programming.**

➤

Offender Population

- **Statutory changes may include:**
 - ❑ **Revisions to current mandatory sentencing structure for certain elderly felons convicted of non-violent, non-sex crimes, who pose a low risk of recidivism and have served at least "x" percent of their sentence in ADC may be considered for early release to community supervision sooner.**
 - ❑ **Revisions to Medical Parole making certain elderly and other infirm offenders eligible for medical parole where there is documented need for long-term intensive nursing care whether or not death is imminent.**
- **Establish ADC task force to explore cost analysis of new construction/remodeling needs and alternative options based upon elderly offender population projections. Explore the availability of federal grants for construction. Explore an option for lease/purchase of overbuilt/underutilized assisted living and long-term care facilities.**
- **Negotiate contracts for community halfway house/group home placements for the elderly upon release. Placements may be shared with city, county and state agencies in the county of an offender's commitment. Statutory changes may be required to override local zoning regulations and crime-free housing restrictions for offenders under supervision.**
- **The Health Services and Staff Development and Training Units will develop curricula to inform offenders of issues they will encounter while aging in Corrections. The Grants Unit will explore the availability of federal grants for programming.**
- **Interagency agreements with universities/community colleges:**
 - ❑ **Outpatient and inpatient services Arizona State University/University of Arizona Medical School.**
 - ❑ **Collaborative development of adaptive recreational programs for the elderly including internships for physical education majors.**
 - ❑ **Collaborative development of offender transition programs including wills, living wills, durable power of attorney, featuring internships for social work majors and law students.**
 - ❑ **Enhancement of existing internship programs for medical, nursing, mental health and pharmacy students.**
 - ❑ **Interagency agreements with medical assistant, phlebotomy, and nursing aide programs for internships if specialized geriatric centers are established.**

- ❑ **Establishment of intra-agency task force to identify inter-agency collaborative opportunities related to pre-release planning, housing placement and health care continuum.**
- Disciplinary processes may consider as mitigating factors issues of aging and illness.
- Update current system of written instructions to ensure the Department's processes are correct and include transpositioning practices. Review should include research of the policies of other Arizona agencies and Correctional Departments nationwide. Ensure that victims' groups have input in any policy changes affecting the elderly offender population, especially early release programs.
- Establish a Nurses Aide training program for offenders to ensure there are a sufficient number of adequately trained inmates to assist prisoners with severe physical limitations as 'offender aides.'

PART III

4. *What are several results you expect to achieve through your recommended actions?*

- **Best use of State's resources**
- **A professionally trained staff that achieves measurable outcomes.**
 - **Written instructions reflecting best practices, effectively and comprehensively communicate ADC management philosophy, intent, and expectations to employees, offenders and the public.**
 - **Accurate data collection and projections facilitate strategic planning and sound fiscal management of resources to meet the needs of the aging prison population and correctional workforce.**
 - **Timely information to the Legislature regarding budgetary requirements for construction and staffing to meet the changing needs of the aging offender population**
 - **Placements for non-violent, elderly non-sex offenders whose risk of recidivism is low in less costly and less secure settings and medical parole where there is a documented need for long-term intensive nursing care and risk of re-offending is small, whether or not death is imminent.**

Department of Economic Security

I. INTRODUCTION: INTERNAL SCAN

Agency Overview: The Department of Economic Security (DES) was established by the State Legislature in July 1972 by combining the Employment Security Commission, the State Department of Public Welfare, the Division of Vocational Rehabilitation, the State Office of Economic Opportunity, the Apprenticeship Council, and the State Office of Manpower Planning. The State Department of Mental Retardation became a part of DES in 1974. DES was created to provide integrated direct services to people in such a way as to reduce duplication of administrative efforts, services, and expenditures. DES has a 32-year history of providing quality human services to the people of Arizona. Today, DES delivers services to over two million citizens every year. DES has been recognized by advocacy groups, industry organizations, private grantors, and the federal government for its program innovations and accuracy in the provision of services.

Vision: Every child, adult, and family in the state of Arizona will be safe and economically secure.

Mission: DES promotes the safety, well being, and self-sufficiency of children, adults, and families.

DES focuses on four major areas to help reduce poverty and strengthen families: improving client outcomes, maximizing federal funding, partnering with local communities, and fiscal accountability. A variety of DES services are delivered in a coordinated manner that reduce the need for more expensive systems of care and save resources that can be reinvested in further prevention efforts.

Implications of Demographic Trends on DES: The impending demographic changes will result in Arizona's older population growing at a much faster rate than the rest of the population. The most rapid growth will occur among those 85 years of age or older. As the state's primary human service agency, DES will be significantly impacted by these changing demographics, due to the anticipated increase in service needs. In addition, as the state's largest agency with a staff of over 10,000, DES can expect our workforce to mirror the aging trends of the general population. The following key points highlight other selected demographic trends that will impact the Department.

Two major changes in the demographic characteristics of the United States population are the growth of the elderly population and the increasing racial and ethnic diversity of the nation's older population. This growth, plus increased expansion projected for the future, calls for a greater level of concern by persons providing services and developing public policy for the aged.

Within two decades, one of every four Arizonans will be over 60 years of age. From 1990-2000 Arizona's population grew by 40 percent, with persons 85 years of age or older increasing faster than other age groups (increase of 82 percent). Baby Boomers (persons

born between 1946-1964) have one-half as many children as their parents. In 2000, Arizona's over 60 age group was 17 percent of the population. By 2020, it will be 24 percent. In 1960, 5.1 workers supported each Social Security recipient. In 2000, it was 3.4 workers per recipient. By 2040, it will be 2.1 workers. Only about 5 percent of the U.S. elderly populations live in nursing homes (St. Luke's Health Initiatives). In 2000, about one-quarter (24 percent) of all Arizona households had at least one person age 65 years and older living in the home, and 12 percent of households included one or more persons age 75 years and older (2000 U.S. Census).

According to a Johns Hopkins University Press publication on public health and aging, aging services are finding that they are serving two very different groups. One group is older adults, 65-80 years old who tend to be in relatively good physical condition and require services that fit their active lifestyles. The other group is older adults, those over 85 years, who tend to be frailer and may require more hours of intensive home medical services.

In 2000, approximately 35 percent or over one-third of Arizona's population was comprised of four minority groups: Hispanics (25.3 percent of the state's total population); American Indians and Alaska Natives (5 percent); Blacks (3.1 percent), and Asian/Pacific Islanders (1.9 percent) (2000 U.S. Census). Between 1995 and 2005, the growth of Hispanics ages 65-84 years (59 percent) will far out-pace the growth of White non-Hispanics this age (16 percent). It is projected that this trend will continue from 2005 to 2015 and then again between 2015 and 2025 when there will be about two Hispanics ages 65-84 years for every White in this age group (Arizona Older Ethnic Minority Report).

According to the Alzheimer's Association, over 90,000 adults in Arizona suffer from Alzheimer's disease, and an estimated 145,250 will be affected by the year 2020. Alzheimer's disease affects 10 percent of those over age 65 and 47 percent of those over 85 years of age. More than 70 percent of Alzheimer's disease patients remain at home, with the average out-of-pocket costs at more than \$13,000 per year, most of which is paid for by the affected person's family. The average cost of placement in a nursing care or assisted living care facility ranges between \$35,000 to \$45,000 per year. The State must ensure that health insurance for individuals with Alzheimer's disease covers the cost of necessary medication.

Total prescription drug spending in the U.S. grew by 13 percent per year between 1993 and 2000 and is expected to grow by 12 percent per year through 2011. Between 1998 and 2000, prices for all prescription drugs rose at more than triple the rate of inflation. According to the Congressional Budget Office, the aged and disabled Medicare beneficiaries are estimated to spend an average of \$4,860 per year out-of-pocket for prescription drugs. Lack of drug coverage among chronically ill lower income Medicare beneficiaries increases the risk of nursing home admission and hospitalization.

Surprisingly, across the entire Department, as a result of these demographic implications, the Department has identified a spectrum of overarching policy issues in which the agency is currently involved. In an effort to prepare for the anticipated increase in the demand for services by older adults, the Department's Division of Aging and Community Services administered an Aging Survey during state fiscal year 2003. The survey was distributed within DES to internally assess the various services to older adults. All respondents indicated that their services benefited older adults. DES is in the process of assessing current program operations and has begun to adapt service provision in anticipation of a greater demand for services by the growing number of older adults.

Efforts are already under way to maximize the effectiveness of administrative support functions, such as technology procurement, contract management, and facilities management. A collaboration that currently exists is the Aging and Developmental Disabilities Workgroup, which facilitates communication and shares information on the anticipated growth in the number of persons with developmental disabilities who are aging and the anticipated growth in the number of developmentally disabled Arizonans living with elderly caregivers. The coalition consists of the Aging and Adult Administration, Division of Developmental Disabilities, the Governor's Council on Developmental Disabilities, and the Governor's Advisory Council on Aging. Another collaboration is the FANS (Food Assistance and Nutrition for Seniors) wherein Senior Community Services Employment Program (Title V) participants assist in the completion of food stamp applications and the provision of nutrition education. The partnership promotes participation in the food stamp program by older adults (60 years of age and older).

Guided by DES' new vision, mission, and principles, employees and Community Network Teams have been empowered to design community-based approaches to service delivery. Some of these approaches, such as service integration among cash assistance, child support, food stamps, medical assistance, and employment programs, are already being piloted in several sites across the state. The DES vision is also at the heart of additional service integration and process improvement efforts that are on going at DES aimed at improving the quality of life of the persons served by DES.

Priority Issues

Priority Issue #1 – Safety, Well-Being, and Self Sufficiency

Safety

Abuse of older and vulnerable adults, whether through physical violence, neglect, or financial exploitation, is a problem, which affects all of society. Since many cases of abuse are not reported by victims, it is imperative that the public is made aware of what to look for and the methods for reporting suspected incidents. Increased education can assist the public in understanding the needs of older and vulnerable adults, such as being sympathetic, rather than reactive, to adverse situations and in contributing to finding solutions to these problems. Once a victim has been identified, the system must respond in a way that provides the maximum benefit to that victim.

While abuse of older and vulnerable adults is on the rise, funding for emergency assistance and education programs are being reduced or cut entirely. Emergency services within the community to assist adults in crisis and help them to transition from the crisis situation are critical. As a result, there are serious gaps in services to reduce the risk of elder abuse, stop elder abuse, prevent its recurrence, and treat its effects. Some of the needed services include shelters, counseling, mental health services for perpetrators, money management, surrogate decision makers, in-home emergency attendant care, respite care, emergency funds, legal assistance, mental health assessment services, victim/witness assistance and advocacy, and long-term ombudsman programs.

The public is not informed about elder abuse issues within their own communities. There is lack of specialized training for professionals and others who have contact with vulnerable adults. There is lack of public support for Adult Protective Services and lack of prosecution of elder abuse cases. In addition, there are policy and eligibility barriers that intimidate or prevent many aging individuals in need from accessing available services.

Well-Being

The right of older adults to make decisions regarding the details of their lives must be protected. There is a continued need for advocacy efforts to ensure that older persons are assured the right to choose the type of services they receive and the environment in which they receive those services. The quality and diversity of long-term care services must be enhanced. Increased coordination and cooperation between agencies is essential to the continued availability and expansion of obtainable services.

Older persons prefer less restrictive long-term care services that respect choice and preserve personal dignity. The future aging population will demand long-term care services that accommodate choice. A primary concern that must be addressed is to ensure that consumers receive the information and assistance they require and that they can gain access to the services they need in a timely and reliable manner. Complex and personal choices can make a significant difference in an older person's lifestyle. Some older persons require assistance in order to navigate through this maze of choices. All older persons require non-biased, accurate information to deal with the complexity of the health insurance system and other public and private benefits programs. Many older persons in Arizona need legal representation and advocacy services to enable the preservation of their assets, dignity, and independence. Older Arizonans who are using long-term care services or making choices regarding these services are particularly in need of reliable information and assistance.

Two-thirds of all Americans, including older persons, provide some level of care for either a family member or friend. Almost one-third of all caregivers are balancing employment and caregiving responsibilities. In addition, many older persons are receiving care in a hospital or long-term care facility. The quality of care received is dependent on a public understanding of formal and informal caregiving and appropriate public policy concerning caregivers, as well as the level of support provided to caregivers.

The majority of personal care is provided by informal caregivers. Research has shown that informal caregivers are often at increased risk for depression and illness especially if they do not receive adequate support from family, friends, and the community. Caregivers play a critical role in the support of their dependent friends and family members, so it is vital that systems and services that sustain the caregiver role and improve the ability of informal caregivers to provide quality care be promoted and enhanced.

Limited resources are shrinking, not keeping pace with the exploding demands. Home and community based services, caregiver support, and a host of other specific support services suffer from a serious lack of funding, coordination, and accessibility.

As a person ages he/she becomes more vulnerable to disease and conditions that derive from life-style, behavioral, and environmental factors. Early detection of health problems can be effective against excessive morbidity and premature mortality. As health and dental costs increase, health promotion and disease prevention activities take on added importance. Additionally, it is estimated that 25 percent of persons over age 65 have significant mental or behavioral health problems. This includes memory disorders, depression, sleep disorders, and substance abuse (alcohol, prescription drug, and tobacco). Behavioral Health services are under-appropriated for the adult/aging community and under-utilized by the aging community due, in part, to the stigma attached to mental health issues.

Self-Sufficiency

People of all ages have the ability to prosper when employment opportunities are available. Older Arizonans experience a host of barriers to employment including lack of skills appropriate to the current labor market, lack of appropriate transportation, physical disabilities, and age discrimination. Advocacy and community support are necessary to reduce or eliminate these barriers.

The transportation needs of older adults are not currently being met and will continue to grow as the population ages. Limited transportation resources must be coordinated and improved to meet these needs.

Housing is another issue facing older adults. People of all ages need housing that is accessible, safe, and affordable. Some older adults have a special need for housing specifically designed for their situation. Many older adults need information about and assistance with exploring their housing options.

Priority Issue #2 – Capacity Building

Each generation of older persons is unique. The new generation of older persons will have significantly different expectations for their later years and of how government should intersect with their lives. For instance, “Baby Boomers” tend to be more health conscious and more active than the current older generation. This uniqueness is most affected at the local level where service provision takes place. State and local efforts should be organized to recognize and respond to the changing preferences of the next generation of older persons. It is important that providers, practitioners, and policy makers are informed as to the important changes in the aging population and how the changes will impact future efforts to improve the availability, accessibility, and delivery of health and health related services.

The aging population has difficulty learning about and accessing programs that would improve quality of life, and of accepting help due to generational values such as pride and self-reliance. There is a lack of appropriate or affordable providers for Home and Community Based Services, which results in fewer service options being offered and more restrictive eligibility requirements. Services to the aging population are focused on reacting to identified needs rather than proactively focusing on prevention, planning, alternatives, and options to out-of-home care; and strengths of the aging population as a community resource of knowledge, experience, and abilities. As a leader on aging issues, DES must be more responsive to assisting local communities and providers meet the challenges of an aging population.

Priority Issue #3 – Workforce

It is imperative that DES staff is able to respond appropriately to the needs and concerns of seniors. As 2020 approaches, the aging of the population will change the numbers, skills, and characteristics of DES’ work force, presenting short-and long-term challenges to traditional recruitment, staffing structures, career paths, and employee development operations. In addition, as larger numbers of DES staff become eligible for retirement, major issues exist with the potential loss of this pool of experienced workers. Attention needs to be given, in particular, to recruitment and retention as well as education, training, and communication addressing these changing characteristics and needs of staff.

DES can expect our workforce to mirror the aging trends of the general population. In the next few years, a large number of DES staff will be eligible to retire. Approximately 30 percent of upper management staff will reach retirement age by 2007. The percentage of staff who are eligible for retirement will increase each year.

Actions and Results

Priority Issue #1 – Safety, Well-Being, and Self Sufficiency

Actions

Safety

- Build a continuum of accessible services to meet victims' service needs.
- Educate the public about elder abuse, neglect, and exploitation and provide outreach to elders and their families about available services.
- Develop and provide training opportunities for professionals to learn about elder abuse.
- Enhance Adult Protective Services (APS) to meet the needs of this growing population.
- Increase prosecution of elder abuse cases.
- Increase available funding for victims of elder abuse.
- Achieve a seamless and coordinated response to serving abused and vulnerable seniors.

Well-Being

- Develop resources (think like private corporations and outside the “DES box” of resource availability – Match our objectives to the objectives of funders.)
- Explore and expand community partnerships.
- Increase availability of caregivers.
- Maximize local resources.
- Pursue policy changes at the federal and state levels that allow more flexibility based upon local needs (e.g., Temporary Assistance for Needy Families block grants for welfare reform, etc.)
- Improve and publicize information regarding all available programs: discount cards, drug programs targeted at older adults, etc.
- Incorporate person-centered care and consumer directed concepts within service delivery community.
- Explore and expand citizens' participation in advocacy.
- Deliver services that are culturally and linguistically competent.

Self-Sufficiency

- Increase job training and employment opportunities that incorporate flexible hours, are less physically demanding, easily accessible, and include supportive services (such as clothing, tools, and bus passes), vocational assessments, mentoring, workplace accommodations, and assistive technology.
- Improve urban and rural availability of public transportation, bus passes, gas vouchers, rideshare programs, and bus stops that are user-friendly.
- Increase affordable and safe housing options available to seniors such as subsidized

housing, and partnerships with community groups such as Habitat for Humanity.

- Research, review, and begin recommendations to implement a “living wage” requirement (by area).
- Provide tax incentives for housing, employment, transportation, and training for seniors.
- Improve information and educate the public on the importance of self-sufficiency to seniors and how to be supportive of them in these efforts.

Results

State and local partnerships will create an infrastructure to afford consumers a comprehensive and coordinated service set that respects choice, preserves personal dignity, and meets the needs of vulnerable and older adults while improving their quality of life. A culturally competent service system that recognizes differences in race, ethnicity, nationality, language, gender, socioeconomic status, physical and mental ability, and sexual orientation will better serve all Arizonans. Actively engaging persons in the process of improving self-sufficiency will lead to a higher quality of life.

Priority Issue #2 – Capacity Building

Actions

- Build a system of services that is accessible, practical, and user-friendly through public, private, and community sources.
- Offer a broad spectrum of Home and Community Based Services providers, allowing for consumer-directed options and providing greater flexibility to meet individual needs.
- As a leader, all areas of DES will provide technical assistance (as applicable) to local communities/providers to develop locally driven services/programs to meet the needs of an aging population.
- All DES services to the aging population will be focused on supporting healthy aging and in-home care with an emphasis on prevention of institutionalization.
- Work with Behavioral Health Services to establish funds designated to serve the aging adult population in proportion to the general population.

Results:

Programs developed with increased cooperation, interaction, and exchange between local and state partners. Older adults will be able to remain in their community and avoid premature institutionalization. Resources will be more available to address the behavioral health needs of older persons.

Priority Issue #3 – Workforce

Actions

Recruitment and Retention

- Offer financial retention incentive.
- Increase staffing levels to align with National caseload standards.
- Offer/promote flexible work schedules.
- Improve benefit options.
- Provide accommodation of aging work force.

Training and Education

- Enhance succession management.
- Offer self-paced on-line financial planning classes.
- Provide education on issues related to the “aging” population.
- Provide training that addresses health issues and promotes prevention.

Results

Enhanced workforce benefits and employment options will improve workplace efficiency and employee retention. Adequately trained, skilled professionals who are sensitive to issues of older Arizonans are more effective in serving their needs.

ARIZONA DEPARTMENT OF HEALTH SERVICES

I. INTRODUCTION: INTERNAL AGENCY SCAN

The mission of the Arizona Department of Health Services (Department) is to set the standard for personal and community health through direct care delivery, science, public policy, and leadership. The Department oversees a wide array of programs and services to protect and ensure the health of the state's diverse population, including:

- Health promotion and disease prevention programs
- Injury prevention and emergency response programs
- Immunization and communicable disease control efforts
- Regulation, licensure and enforcement of hospitals, nursing homes, and assisted living facilities
- Oversight of the State's publicly funded behavioral health system
- Operation of the Arizona State Hospital
- Issuance of birth and death certificates.

The Department has identified the following strategic issues that will affect the health of Arizonans and the services that the Department delivers as Arizona's population ages.

Health Promotion and Disease Prevention

As the population in Arizona grows older, more residents may be living with one or more chronic diseases. Currently, the four leading causes of death in Arizona adults are chronic diseases, including cardiovascular disease, cancer, stroke, and pulmonary disease.¹ Such diseases disproportionately affect older adults. If current trends continue, more people will be faced with chronic disease and associated disabilities, unless preventative health efforts targeting adults forty and older are undertaken. The increased incidence in chronic disease in an aging population will likely result in higher health care costs to the State.

While an increase in the number of older adults facing chronic disease is possible, it is not inevitable. A primary influence in the development of chronic diseases is choices in lifestyle behavior. Indeed, lifestyle behavior is estimated to be associated with 50 to 60 percent of the incidence of chronic disease.² The lifestyle choices made today regarding physical activity, nutrition, and use of tobacco and alcohol will affect the health of Arizona residents in 2020. Reducing the risk factors for chronic disease is critical to improving the future health of all Arizonans.

Health promotion and disease prevention efforts will be needed, not only among the general population, but also among the specific populations whose care is entrusted to the Department. Patients at the Arizona State Hospital and persons served by the publicly funded behavioral health system will likely face an increased incidence of costly chronic diseases unless disease prevention efforts are undertaken.

Currently, the Department has developed a Healthy Aging project to focus health promotion and disease prevention activities on increasing physical activity, good nutrition, chronic disease management programs, and injury prevention for older adults. Other Department health promotion and disease prevention efforts include:

- Providing mini-grant opportunities to community agencies to improve healthy lifestyles, chronic disease management, and fall injury prevention for older adults
- Providing support for increasing the fruit and vegetable consumption among low-income older adults through the Arizona Farmers Market Nutrition Program
- Encouraging physical activity among adults through the W.E.L.L Walking (Walk Everyday Live Longer) program targeting adults and implemented through County Health Departments
- Collaborating with the Arthritis Foundation to offer the public an evidence-based arthritis self-management program.

Immunization and Communicable Disease Prevention

A national health objective for Healthy People 2010 is to increase the levels of immunization for influenza and pneumonia to 90 percent for adults, aged 65 years and older.³ In 2003, 69.3 percent of adults 65 years of age and older received an influenza vaccine and 66.7 percent of adults 65 years of age and older had received a pneumococcal immunization.⁴

Currently, the Department is the lead agency for a pilot project with the Department of Economic Security-Aging and Adult Administration to identify older adults in rural counties who may need an influenza and pneumococcal immunization. Outreach and education on adult immunization vaccines is also provided.

Injury Prevention

Though injury is a leading cause of preventable death and disability nationwide, Arizona exceeds the national injury death rate in virtually every category. One such category that particularly affects older adults is injurious falls. The rate of falls increases as adults age. For adults aged 65 and older, the national death rate (2000) was 29.8 per 100,000 and in Arizona it was 52.7 per 100,000. In 2000, Arizona had the fifth highest rate nationally. In 2003, the Arizona rate increased to 56.9 per 100,000.⁵ As the population ages, the number of serious injuries, deaths, and costs related to falls will increase, unless fall prevention efforts are expanded.

The Department is currently involved in planning for a fall prevention initiative and has focused the current Healthy Aging mini-grants on increasing awareness of injurious falls among older adults.

Behavioral Health

As Arizonans age, there is an increased risk of experiencing depression. Depression among older adults is not uncommon and it frequently co-occurs with other serious illnesses such as heart disease, stroke, diabetes, cancer and Parkinson's disease.

Suicide, often associated with depression, is also a major threat to older adults. In Arizona, the incidence of suicide is a major concern. In 2002, Arizona ranked third highest in suicides among those, aged 75 - 79 years old. Again, as Arizonans age, the number of older adults attempting suicide may increase, unless underlying depression is addressed.⁶

As Arizonans age, the State may also face increasing costs related to providing services to behavioral health clients. For example, the current changes to prescription drug benefits for persons eligible for Medicaid as well as Medicare will likely mean that the State will soon be required to pick up the cost of providing prescription drugs to some older adults. As the population ages, services paid for under Medicaid may continue to shift. Because the State is obligated by law to provide care to persons with a Serious Mental Illness, increased costs to the State may result.

Currently, Department staff support and work with the Arizona Behavioral Health and Aging Coalition to focus public awareness on behavioral health and increase access to behavioral health services and depression screening efforts. A major component of the Department's current strategic plan includes supporting outreach efforts for suicide prevention and increasing access to behavioral health services for older adults.

Institutional and Community-Based Care

Older adults are increasingly receiving services in community-based settings. Indeed, from 1998, the number of assisted living facilities grew from 1157 to 1531, or 32 percent. By 2010, the number of assisted living facilities in Arizona is expected to be 2971.⁷ As increasing numbers of older adults are served in the community, greater pressure will be placed on the Department to regulate community-based settings and the caregivers who work in such settings.

As the number of people living in licensed health care facilities increases, demand for information on the quality of those settings will increase. To meet this demand, the Department has developed web-based information on licensed skilled care and assisted living facilities. Through a grant and in collaboration with University of Arizona, the Arizona Department of Health Services and Health Services Advisory Group (the CMS quality improvement organization) have created a profile of Arizona's nursing home residents using the federally mandated minimum data set.

Health Care Workforce

As the number of older adults in Arizona grows, increasing demands will be placed on the healthcare workforce. Anticipated shortages in the healthcare workforce will place greater demands on the Department and the State to take a leadership role in addressing healthcare shortage issues. Currently, the annual growth in new health care jobs in Arizona is 29 percent. Between now and 2010, the number of medical assistants will increase by 57 percent, home health aides by 47.3 percent, and nursing aides by 23.5 percent.⁸ Job growth for long-term care workers will also increase dramatically. Increases in demand are

anticipated to far outpace increases in the supply of workers who have traditionally filled these positions.

The Arizona State Hospital will be among the many health care institutions facing the healthcare workforce challenge. The Department currently faces a 37 percent vacancy rate among registered nurses at the State Hospital.⁹ Increased demand for services as the population grows older will only exacerbate this problem if current trends continue.

Increased and Changing Demand for Services

As the population grows older, there may be increased and changing demands for services delivered by the Department. For example, changes may occur in demand for behavioral health services for older adults as the population ages. Currently, about 2 percent of clients in the behavioral health system are 65 or older. In 2010, 6 percent of behavioral health clients are expected to be age 65 and older.¹⁰ These clients are likely to need and expect services that are different from younger clients.

Other Department programs may also experience an increased demand for services. The Department will likely experience an increase in the number of licenses issued, inspections required, and complaints investigated, to correspond to the growth in assisted living facilities. (See above.) Also, the Office of Vital records will likely experience an increase in the number of death certificates issued as the population ages. The Department is currently working toward meeting the increased demand for death certificates by developing Web-based solutions that will enable easier collection of death information and faster provision of death certificates.

The Department will experience increased demand to serve as a resource for evidence based health promotion and prevention programs for adults and older adults. The Department will provide leadership in the development of partnerships with businesses, community organizations and health care providers to address the risk factors associated with chronic diseases and to improve the health and quality of life of older Arizonans.

Department Workforce

The Department of Health Services, like other state agencies, will face increasing competition for a skilled and experienced workforce in 2020. Currently, the median age of Department employees is 48.2 years of age.¹¹ Approximately 18 percent of the Department's employees are within five years of possible retirement.¹² Unless efforts are undertaken to retain older employees and attract and prepare younger employees for leadership, the Department may lose much valuable experience and knowledge.

The Department is currently addressing the need to retain its workers in several ways. The Department has developed Employee Wellness Council to promote good health and work/life balance for employees of the Agency. The Wellness Council provides an array of health information seminars, preventive screenings, smoking cessation and opportunities to support healthy lifestyles and healthy behaviors such as weight loss programs, smoking cessation, stress reduction and management.

II. RECOMMENDED ACTIONS

Disease Prevention and Health Promotion

- Expand and improve health prevention and promotion efforts for adults, including those receiving care through the behavioral system and the Arizona State Hospital
- Serve as a resource on health status data and best practices related to older adult health

Immunization and Communicable Disease Prevention

- Effectively target immunization efforts among older adults

Injury Prevention

- Initiate and coordinate a statewide falls prevention campaign

Behavioral Health

- Conduct prevention efforts aimed at older adults at risk of depression or suicide

Institutional and Community-Based Care

- Provide effective oversight of community-based facilities and the care providers who work in them
- Train behavioral health and licensed facility providers on how to better address the health needs of older adults

Health Care Workforce

- Provide leadership to statewide workforce development efforts

Increased Demand for Department Services

- Provide more services over the Web

Department Workforce

- Implement programs and policies in the Department focused on retention of older employees, and attracting and preparing younger employees for leadership

III. ACTION STEPS

Disease Prevention and Health Promotion

- Develop and replicate employee wellness campaigns among state agencies and Arizona employers

- Integrate health promotion and disease prevention strategies into the facility licensing process
- Identify technology/communication systems to make agency resources, best practices, and partners accessible to aging adults, partners, and providers

Immunization and Communicable Disease Prevention

- Identify existing adult immunization efforts and develop strategies for targeting older adult population

Injury Prevention

- Fund a falls prevention position to coordinate the development of a fall prevention plan for Arizona

Behavioral Health

- Identify the needs of older adults and programs that serve older adults in the behavioral health system
- Identify the link between the five most prevalent chronic health conditions and the incidence of behavioral health disorders
- Increase the number of adults served by statewide prevention services
- Provide ongoing training to behavioral health providers on identifying and addressing the behavioral health needs of older adults (collaboration between Licensing and Behavioral Health divisions)

Institutional and Community-Based Care

- Regulate and enforce assisted living training programs
- Implement legislation on medical techs in long-term care facilities
- Develop rules for feeding assistants program for long-term care facilities
- Change long-term care rules to reflect the increased acuity in long-term care facilities
- Increase regulation and oversight of assisted living facilities, emphasizing increased training requirements for behavioral health issues, quality of life, safety, nutrition, and physical activity

Health Care Workforce

- Collaborate and assist with Governor's Long-Term Care Workforce Task Force including training institutions

- Engage healthcare partners in discussion of future workforce needs to identify their priorities and ability to contribute to the solutions
- Work with partners to support new systems for retaining older experienced workers. May include development of new models of care, such as medication assistants, personal care attendants

Increased Demand for Department Services

- Continue to implement Web-based strategies for collecting and providing licensing and vital records information

Department Workforce

- Hold focus groups with younger and older employees to determine factors that impact their decision to work at the Department and continue to work here
- Determine and implement retention policies and strategies. May include part time work, job sharing, flex hours, telecommuting
- Develop succession plans for those approaching retirement to include training, mentoring program
- Establish a Work/Life Program for Department employees

Sources:

1. Arizona Department of Health Services. *Arizona Health Status and Vital Statistics*, 2003.
2. Centers for Disease Control and Prevention. *The Burden of Chronic Diseases and Their Risk Factors: National and State Perspectives*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2002.
3. Arizona Department of Health Services. *Healthy Arizona 2020: Collaborating for a Healthier Future*, 2001.
4. Arizona Department of Health Services. *Behavioral Risk Factor Survey*, 2003.
5. Arizona Department of Health Services: *Arizona Health Status and Vital Statistics*, 2003.
6. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. *WISQARS Injury Mortality Reports*.
7. Analysis performed of licensing records performed by Division of Licensure staff.
8. Occupation Employment Projections to 2010, Federal Bureau of Labor Statistics, www.bls.gov, as cited in *Boom or Bust: The Future of the Health Care Workforce*," St. Luke's Health Initiatives, 2002.
9. Arizona Office of the Governor, Office of Strategic Planning and Budgeting. *Arizona Master List of Government Programs*, 2004.
10. Analysis performed of behavioral health client records by Division of Behavioral Health Services staff.
11. Analysis performed of HRIS system records by Department of Health Services staff.
12. Analysis performed of HRIS system records by Department of Health Services staff.

Arizona Department of Housing

Part 1 Agency Scan

The mission of the Arizona Department of Housing (ADOH) is to develop affordable housing and viable communities throughout the state of Arizona. In response to demographic trends forecasting increasing numbers of senior citizens who will live longer and have more demands for services, ADOH has developed a housing plan that provides more opportunities for affordable housing linked to improved medical and social services that will allow seniors to live productive independent lives longer in their life cycles.

ADOH administers a range of federal and state funding sources designed to provide affordable housing and community development services for low and moderate income persons throughout Arizona. In addition, ADOH staffs the Arizona Housing Finance Authority (AZHFA), which provides a range of affordable housing financing vehicles in rural Arizona for homeownership and rental housing development. ADOH does not directly own or manage housing units, but rather provides funding to governmental, non-profit and for-profit entities for affordable housing programs.

Demographic Impacts

An initial analysis of available demographic data and its implications for affordable housing services for seniors indicate:

- Projected population increases in the senior population will far exceed the financial resources likely to be available for affordable housing development. ADOH's strategy to maximize its resources will include: leveraging private and public resources for new construction; rehabilitation and modification of existing housing, allowing seniors to age in place at the lowest possible cost to themselves and the State.
- Seniors will be living longer more active lives, with many wanting to remain living in their current housing environment as long as possible. The rehabilitation and physical adaptation of both homeowner and rental housing to accommodate quality aging-in-place will assist in this goal and will also be a cost effective use of public funds.
- The percentage of seniors living in Arizona will vary greatly on a county-by-county basis, as will the availability of local resources to finance affordable housing needs. Resource allocation, including the appropriate percentage of Department funds to be dedicated for senior housing and the distribution of funds between urban and rural Arizona, will continuously be assessed as demographic trends develop through 2020.
- Demographic and housing industry data analysis indicates that manufactured housing is, and will continue to be, a significant housing option for seniors, mainly because of cost issues. ADOH will be working to develop an improved program for rehabilitation

and for replacement of existing manufactured housing and new manufactured housing development options.

- Tomorrow's senior citizens will live longer, be more physically active and demand a wider range of medical, educational, recreational and supportive services. Achievement of these goals will require ADOH to take these trends into consideration in the design of housing facilities and also in forming collaborations with governmental, non-profit and private service providers that can deliver these services in conjunction with the affordable housing experience. Of particular importance will be development of appropriate Medicaid and Medicare waivers that will allow for the delivery of in-home medical and support services, thereby reducing or delaying the institutionalization of many seniors.

The development of the ADOH Aging 2020 Plan will be an on-going effort that will impact all divisions within the Department. After completion of the draft plan, the next phase is the development of a detailed work schedule for the planning and development of the activities outlined in the draft plan (see the attached work plan). A significant administrative issue that has been identified is the staff time required, with no additional resources available, for the data analysis and planning required to implement the Aging 2020 Plan. The Department's organizational structure and employee skill set are adequate to implement the plan. The most significant management issue will be the development of a resource allocation plan, to include increasing overall resources to meet population growth, determine how much of the Department's resources will be dedicated for senior housing opportunities, and how available resources will be divided between urban and rural Arizona.

Current Activities

ADOH is actively involved in the funding and operation of housing for seniors throughout the state. Our Aging 2020 Plan consists of modifying existing programs and developing new programs to meet future affordable housing needs. Current activity includes:

1. Rental Housing; Low Income Housing Tax Credits; Tax Exempt Bonds and State Housing Fund programs
 - New construction of senior complexes
 - Acquisition/ rehabilitation of existing senior housing projects
 - Development of transitional housing for senior victims of domestic violence
2. Homeownership - State Housing Fund
 - New construction of homeownership opportunities taking into consideration the special needs of seniors.
 - Homeowner rehabilitation bringing existing homes to decent, safe and sanitary conditions.
 - Homeowner emergency rehabilitation providing funding to eliminate health and safety issues that prevent seniors from effectively using their homes. In SFY 2005, ADOH modified the program to allow accessibility and usability

modifications for seniors and disabled persons as eligible single purpose activities.

- The Homes for Arizonans Initiative financed by the Arizona Housing Finance Authority and ADOH provides low-cost mortgage financing and down payment and closing cost assistance for first-time homebuyers, including senior citizens.

3. Public Housing Authority

- Provides tenant-based Section 8 rental assistance in Yavapai and Graham Counties, for families and elderly.
- Administers multi-family Section 8 project-based funds throughout Arizona on behalf of HUD, including hundreds of units specifically designed for seniors. ADOH is responsible for fiscal and physical monitoring of the projects to insure their continued viability and compliance with HUD regulations.

4. Community Development Block Grant program (CDBG)

- CDBG funding is used in many rural communities to construct senior centers where a full range of recreational, social, medical, and meal programs are provided on a daily basis.

5. Technical Assistance

- Technical Assistance and line staff provides help to local governments, non-profit and private developers interested in providing affordable housing to low and moderate income person, including senior citizens throughout the state.

Part 2 Recommended Actions

Proposed Future Activities

The bricks and mortar nature of the work of the Department requires incremental development of housing units over a long period of time in order for ADOH to have significant impact on the affordable housing needs of seniors in Arizona. Our Aging 2020 Plan calls for the planning and development of proposed actions to be complete and in place by SFY 2008. The attached work plan outlines the estimated schedule for each of the proposed actions that will be evaluated and implemented where feasible.

1. Develop a comprehensive program designed to allow senior citizens the maximum opportunities to remain in their existing housing and successfully age in place.
 - Develop an expanded home modification program that is accessible to seniors throughout the state. The program will initially serve existing homeowners and we will also investigate the feasibility of expanding it to senior renters.
 - Review the current homeowner rehabilitation and manufactured housing replacement programs to improve feasibility for seniors.

- Proactively seek opportunities to provide funding for the rehabilitation of existing senior housing projects to provide for long-term continued retention as affordable housing stock and to improve accessibility and usability. Additional modifications may include improvement of community space to accommodate service and recreational needs. Older LIHTC and project-based Section 8 senior projects administered by ADOH are anticipated as potential candidates for rehabilitation assistance.
- Research refinancing opportunities for all seniors, including reverse mortgages, and disseminate information throughout the state.
- Collaborate with state agencies, local governments, nonprofit and private service providers to develop programs and services that support quality aging in place for seniors. Specifically, we will be working with other state agencies to obtain whatever Medicare and Medicaid waivers that are available to provide funding for a range of in-home services that will allow seniors to stay independent for as long as possible.
- Use the ADOH website to provide information on housing and other service issues of interest to senior citizens.

2. Expand opportunities for the development of new senior housing.

- Provide a set aside for senior housing projects in LIHTC program, including investigating the potential for geographic set asides based on an analysis of the current inventory, of unmet needs and availability of alternative financing options.
- Provide gap financing to developers of affordable senior rental housing using other public and private financing resources.
- Make financing allowances for expanded recreational and service facilities in new senior housing developments.
- Collaborate with state and local government agencies, nonprofit and private service providers to develop a range of medical, recreational and other support services for residents of new housing projects. Integral to this effort is the development of in-home services through appropriate Medicare and Medicaid waivers and options.
- Research potentials for the creation of manufactured housing developments for both rental and homeownership projects.
- Modify the homeownership development program to accommodate the financial and social needs of seniors. Emphasis will be placed on developing an elderly homeownership program on tribal lands where land ownership challenges have been addressed.

- Investigate the application of universal design principles to all new multi-family housing projects funded by ADOH. This application will increase the number of affordable housing units that are available for seniors, whether in senior projects or not.
3. Expand use of CDBG State Special Projects (SSP) funds to support housing and related service facilities for senior citizens.
- ADOH will investigate the potential for earmarking a portion of the annual CDBG SSP funding to support senior housing or related service facilities in eligible areas of rural Arizona.

The singular significant issue that has arisen in the development of the Aging 2020 Plan is resource allocation. Without an influx of substantial new capital resources, ADOH will be unable to meet the affordable housing needs of future senior citizens in the state. Within the resource allocation issue lie two sub-issues:

1. Should a specific allocation of financial resources be made for the development of senior housing, or should the Department use set asides and preferences to encourage and stimulate senior housing development?
2. Should funds for the development of senior housing be made available equally throughout the state, or should they be allocated based on analyses of demographic and housing industry data? Does the Department have a special obligation to serve rural Arizona, where minimal alternative public financing resources are available?

ADOH plans to address the resource allocation questions identified above by the fall of 2005 so that appropriate funding allocations can be made for SFY 2007.

ADOH Administration

ADOH has analyzed its current work force and determined that a significant number of its employees will be near or at retirement age by 2020. The Department will work with DOA and ASRS to provide education about retirement, benefits, and post-retirement opportunities to these employees. The Department will also be preparing a plan for key employee succession and skill retention in the future. Lastly, the Department will work proactively to establish a wide range of collaborative efforts within state government, and with local governments, nonprofit and private housing and service providers to develop a coordinated senior housing program that works and can adapt to changing conditions over time.

Part 3 Actions Steps and Results

It is difficult to quantify the results that will be achieved through the ADOH 2020 Plan, somewhat in part due to unknowns regarding availability of future resources. However, there are several clear benefits that will result from the planning and implementation phases:

1. The Department of Housing will elevate the issue of senior housing within the Department's priorities, and with increased data analysis and multi-agency collaboration ADOH will be able to adapt its programs to the changing needs of Arizona's senior population.
2. ADOH will increase the number of seniors who will be able to successfully age in place in their residences. Through improved and expanded housing rehabilitation programs, development of appropriate supportive services through multiple collaborations with service providers, and wide dissemination of information on financing and services, ADOH will allow many seniors to avoid being placed in institutional settings for the remainder of their lives.
3. ADOH will assist in the financing of a greater number of new housing units better designed to meet the needs of tomorrow's senior citizens. Using the latest demographic data, applying the principles of universal design, and developing collaborations with medical and service providers, the department will be able to fund wider range of senior housing options, from full independent living to assisted living facilities.

Arizona State Parks

INTRODUCTION

Since its inception in 1957, Arizona State Parks has served the public with the mission “Managing and conserving Arizona’s natural, cultural and recreational resources for the benefit of the people, both in our parks and through our partners.” The agency accomplishes its mission with 30 state parks and three partner programs. These programs include the State Historic Preservation Office, a recreational trails program, and a grant program that houses five different grants. Through all these outlets, the agency reaches out to Arizona residents both young and old.

Incorporating initiatives for the aging population by 2020 is a challenge that Arizona State Parks (ASP) readily looks to accomplish, and it is something that as an agency, we’ve been doing for quite some time. According to the *2000-01 Visitor’s Survey*, 55% of visitors to ASP recreation parks are 50+ years in age, as well as 66.2% of visitors to ASP historic parks and 70% of visitors to ASP conservation parks. (see appendix A) In order to keep this clientele visiting State Parks and to make the parks attractive for future audiences, the agency continually assesses its services and facilities and finds ways to improve. As the agency becomes more reliant on user fees to operate, it becomes more imperative to provide the best facilities and services we can offer to all of our clientele.

ASP Partner programs have focused on trail issues and the older population, promoting physical activity on trails, recruiting volunteers to help prevent vandalism of archaeological and other cultural resources on public lands, making buildings and trails accessible, and implementing historic preservation incentives programs.

CURRENT PROGRAMS

Arizona State Parks is currently addressing the increasing aging population through a number of different programs.

ADA Accessibility

There are three aspects to the Americans with Disabilities Act (ADA) accessibility at State Parks: built environments (i.e. restrooms, visitor centers), trails and recreation uses (including picnic sites and campsites), and programming accessibility (including Braille, large-print tour scripts, ASL interpreters, and assisted listening devices).

Built environments - All design for new projects must be ADA compliant and according to ADA Accessibility Guidelines for Buildings and Facilities. One goal in the agency’s Strategic Plan is “to consistently provide a safe, accessible and enjoyable system of State Parks and natural areas for public use.” One method to accomplish this goal is to make park projects in compliance with ADA requirements. However, not all facilities within the State Parks system

can be made 100% compliant due to the nature of historic buildings and remote, primitive sites. State Parks' goal is to eventually have 90% of our parks meet at least 75% of state/federal accessibility requirements. Examples of new projects include fishing docks at Roper Lake and Dead Horse Ranch State Parks that accommodate users (see Appendix C).

Trails and Recreation Uses - People of all abilities can plan safe and enjoyable recreational trail experiences if they have enough information about trail conditions. The Universal Trail Assessment Process (UTAP) objectively documents the actual conditions in outdoor, natural environments. The goal of UTAP is to provide detailed information regarding the conditions of trail in respect to grade, cross-slope, surface type, distance, width and obstructions. This will assist all users, especially as it relates to mobility and visual issues.

Arizona State Parks has employed UTAP into the park system in a variety of ways. The first step was to train both employees and staff on obtaining UTAP data; this was accomplished in the fall of 2001. Since the initial training several staff and volunteers have gone on to become certified UTAP trainers. This has given State Parks the ability to continually train new staff and volunteers as well as host trainings for other interested agencies across the state.

A specific volunteer program was developed in order to assess the trails in each of the parks. This volunteer group also consisted of ASP staff and has 47 members. All of the trails within Dead Horse Ranch State Park have been assessed and signage has been added to properly display this information to trail users (see Appendix D). Additionally, UTAP volunteers have been to every State Park with trails, and they have assessed approximately 20 miles of trails at ASP.

During the development stage at Kartchner Caverns State Park in southeastern Arizona, many factors went into the consideration of cave trails. The cave experience was made accessible by building barrier-free trails, and taking into consideration the height of the handrails, the width of the trail, the cross-slope, and the surface structure. However, cave trails exceed ADA standards for slope due to environmental factors during development. According to the publication "Changing Latitudes", a publication that is geared towards travel news for people with disabilities, a writer went in Kartchner Caverns and reported "The Arizona Park Service has raised the bar when it comes to making our natural environment accessible to all." The article goes on to identify walkway/trail characteristics in the cave, and features in the visitor center. Over 200,000 visitors experienced Kartchner Caverns last year,

Programming - Our agency is concerned with improving our accessibility to our programming. Inside the Kartchner Caverns visitor center, the video is close captioned for the hearing impaired. There are also videos available to the public for the upper floors at Tombstone Courthouse and Yuma Crossing State Historic Parks. Several programming accessibility opportunities crossover into the interpretation and exhibits at our parks, listed below.

Interpretation and Exhibits

Good interpretation addresses issues with audiences of all ages and cultures. However, there are specific issues for aging audiences that deal with hearing impairments, vision issues, mobility, and generational relevance. ASP's interpretive education projects include: a written tour script for the hearing impaired at Kartchner Caverns; exhibits and signs designed for

easy readability by taking into consideration font, text size, color, and distance; and closed caption on video material at specific parks. The agency keeps accessibility in mind when designing trails and trail programs; aging and disability issues are addressed and communicated to staff in interpretive training; and State Parks provide benches on trails that serve as rest areas.

Almost half of Arizona State Parks are historic that are in a museum setting and include text labels with exhibits. Almost two years ago, park staff began the comprehensive job of re-doing all of Tubac Presidio State Historic Park's exhibits in the museum. All exhibits now have larger titles, subtitles, and text, and the park replaced all of the fluorescent lights and used light bulbs with better color rendition. Park staff placed in the museum two large armchairs and two benches so visitors can sit down and rest. Renovations continued outside the museum and onto park grounds. New signage will also be more readable. The ASP construction crew completed sidewalks throughout the park, all meeting ADA standards, and the park is now more accessible than ever.

Recreational Trails

The State Trails Program managed by ASP held a conference "Trails for All People" that focused on differing aspects of physical accessibility on trails. While all tracks were applicable to seniors, one was specifically on trail issues and the older population in Arizona. Land managers attended the conference, as well as trail volunteers, urban planners and individuals from the health community.

Volunteer Program

The Arizona Site Stewards Program is a volunteer program to help prevent vandalism of archaeological and other cultural resources on public lands. Volunteers are certified and trained by the ASP/State Historic Preservation Office and then provide volunteer site monitoring under the direction of land managing agencies participating in the program. The Program has over 900 volunteers. Approximately 80% of the volunteers are over 50 years old and a large number are retired.

ASP's "Volunteer in Parks Program" welcomes volunteers for one-time projects as well as long-term projects. The program currently numbers over 800 people. If the volunteer lives near one of the recreation, historic, or conservation sites, they may choose to volunteer on a regular basis. The different volunteer categories one may choose from include campground host, visitor services, maintenance services, interpretive services, and special projects (like the UTAP program). Volunteer recruitment for a specific park happens on an as-needed basis, and will generally solicit volunteers geographically close to the park. Recent volunteer drives were conducted at Kartchner Caverns and for State Parks in the Verde Valley. Otherwise, volunteers have contacted ASP through our website or from stories that are placed in newspapers. Approximately 80% of ASP's volunteers are over 50 years, and about 65% of the volunteers are in-state residents.

Administration – Human Resources

The Arizona Department of Administration (ADOA) has responsibility of establishing and administering the State's personnel rules and policies, providing a wellness program, administering the State's health, life and dental insurance programs and providing personnel

services in the areas of staffing/recruitment, training through Arizona Government University, classification, compensation and employee relations.

The ADOA's priority is the creation of a comprehensive workforce plan. This plan will be directed at statewide recruitment, selection and retention. The plan will target recruitment of older workers, persons with disabilities, women, minorities and youth. A priority is to actively recruit military veterans and retirees into state service. Another priority is to develop a succession planning program.

In order to continue to attract and retain the employees that the State will need, ADOA is looking at providing benefits that meet "Best of Class" criteria. Training is key in assessing current employee population demographics, emerging skills required, assessing current job requirements, analyzing the gaps between current capabilities and future needs and aligning agencies' training needs. Employee Work and life issues will be a high priority. Workplace flexibility and mission critical services will require a revisit to current practices.

Any developed plan will require continuous review and updating, enabling ADOA and state agencies, including State Parks, to adapt to the changing demographics and customer service needs of the state.

SHPO

The State Historic Preservation Office advises and assists home and business owners and state and federal agencies in developing viable handicapped access solutions for historic properties. Historic preservation incentives programs, such as the State Property Tax Incentive Program, assists a number of elderly homeowners living in older neighborhoods to remain in their family homes.

The preservation of historic place provides a cultural legacy for individuals, their families, and entire generations. The proponents and supporter of historic preservation activities are often older individuals who wish to immortalize the trials and achievements of their generation or their parents. Just a few examples are: The Black Officer's Club at Fort Huachuca; The Peterson House in Tempe; McFarland (Florence), San Rafael Ranch, and Riordan Mansion (Flagstaff) State Parks; and Poston WWII Japanese Internment Camp on the Colorado River Indian Reservation.

Research

Current surveys gather data from park visitors (*The Visitor Survey*, Appendix A, and park/event specific surveys) and from Arizona residents regardless if they have visited a State Park or not (*The Consumer Marketing Study*, Appendix B). The agency may sort out information from these surveys by age groups, allowing ASP to identify whether facilities and services are disproportionately affecting older demographics (see Appendix E). The survey information also assists the agency in identifying potential market share and niche markets, as well as any room for improvement.

For example, during the final development phase of the Big Room at Kartchner Caverns (in October 2003), the agency surveyed practice tour participants about their opinions on lighting in the cave, performance of the tour guide and overall tour experience. They were also asked

whether they or someone in their party had a physical disability, and if so, how did that affect their cave tour experience. Feedback from that survey helped in addressing where benches were placed in the cavern for rest areas.

FUTURE PROGRAMS

ADA Accessibility

Built environments - State Parks' goal is to eventually have 90% of our State Parks meet at least 75% of state/federal accessibility requirements. Future park projects include four new buildings (restroom, shower) at Catalina State Park, and making the Tonto Lodge at Tonto Natural Bridge State Park accessible (the contract for this project is currently in design status, with another contract for construction to follow).

Trails and Recreation uses – The goal of UTAP is to complete all the trails at the State Parks, and then make trail changes based on the UTAP information. Trail Access Information Signage gives the user all the information right when they are on the trail, and another goal of the program is to install signage at the parks as funding allows. Currently, volunteers are finishing up a new trail at Dead Horse Ranch that is accessible.

Programming – Future projects for ADA accessibility programming at State Parks include providing assisted-listening devices at Kartchner Caverns and Riordan Mansion State Parks.

A newer aspect of ADA accessibility concerns information technology and websites. To make websites more convenient and available to a wider audience, ASP's website needs to be ADA accessible. The American With Disabilities Act website states, "Poorly designed websites can create unnecessary barriers for people with disabilities, just as poorly designed buildings prevent some from entering. Designers may not realize how simple features built into a web page will assist someone who, for instance, cannot see a computer monitor or use a mouse." Implementing accessible features will not likely change the layout or appearance of ASP's website, but will make the web pages more usable. The agency has been working internally on updating the webpages, and will make ADA accessibility part of the re-design.

Recreational Trails

The State Trails Program in partnership with the Arizona Department of Health Services is developing a Trails and Health Journal. This journal is an educational and promotional piece aimed at educating the public on the health benefits of physical activity on trails. The journal is additionally aimed to make it easy for people of all ages and activity levels to start (or continue) using trails in Arizona.

Volunteer Program

ASP is working on partnering with a federally funded program for low-income seniors. The program pays the seniors \$5.15/hour, plus some benefits to work 20 hours per week in a job training position. The volunteer program is hoping this will help expand the number of staff available to help at parks, particularly in the gift shops. The benefits for both parties is positive: the seniors get job training and the agency gets free help since the grant program pays the volunteer's salary.

Interpretation and Exhibits

Currently, ASP is developing an Exhibits Coordinator position in the agency that will be responsible for developing exhibits at the State Parks. Discussion has begun on what park exhibits to re-vamp next. ADA standards are being researched relating to museums, text, and display parameters.

Research

ASP will continue to survey its customers through *The Visitor Survey* and park/event specific surveys, and Arizona residents through *The Consumer Marketing Study*. The information that can be gleaned from these instruments will be valuable in assessing the population's satisfaction with ASP's facilities and services, and where recreation trends are moving. Another area that is important to the agency is the RV and camping market. Half of the State Parks are recreation parks that offer some type of camping. As the RV market booms, especially with additional baby boomers reaching retirement, this segment may yield some market share data for ASP.

CONCLUSION

Arizona State Parks expects to achieve a greater level of service and commitment in the state to the aging population as it relates to our mission. Engaging older citizens in our State Parks through a volunteer program or when they visit a museum allows the person to experience parks and makes them stakeholders in the agency. ASP's goal is not only to make more Arizona residents aware of and visit the State Parks, but also to make them supporters of the agency. State Parks are located in smaller, more rural communities across Arizona where a sense of place is held dear to local residents. By becoming an integral, active part of the community, ASP hopes to contribute to the circle of stewardship that our natural and cultural resources depend on.

Appendix A

2000-2001 ASP Visitor Survey

The following information comes from the *2000-2001 Arizona State Parks Visitor Survey*, conducted from July 1, 2000 to June 30, 2001 at Arizona State Parks. The information includes both Arizona residents and out of state/international visitors who visited the State Parks.

58% of visitors to ASP recreation parks are 50+ years in age

66.2% of visitors to ASP historic parks are 50+ years in age

70% of visitors to ASP conservation parks are 50+ years in age

When asked to rate ASP facilities and services, there were not any differences in ratings given according to age. Some areas that were rated as needs improvement generally were park signs, restrooms. information about the area.

There were no differences according to age among visitors who responded to a series of questions asking whether or not they felt various facilities were difficult to access. Overall, the majority of visitors felt facilities were easy to access. (parking, restrooms, boat ramps/launches, hiking or walking trails, parking signs)

When asked whether or not visitors would utilize a series of facilities/services that may or may not exist at ASP:

People who reported being 50+ years indicated in higher frequency that they would not use reservation system for camping compared to respondents under the age of 50. In addition, people of 50+ indicated they would not use rental cabins, OHV vehicles, boat/canoe/kayak rentals, and horses in greater frequency than people under the age of 50.

When asked about other services/facilities, such as educational programs, supply stores, lottery tickets, playgrounds/courts, etc. the responses did not differ according to the age of the respondent.

Questions asking respondents about fees, methods utilized to learn about parks did not differ according to age.

Appendix B

2003 Consumer Marketing Study

The following tables are from the *2003 Consumer Marketing Study Report*, conducted between July 2003 and February 2004. The purpose of this study was to gather information from Arizona residents relating to natural and cultural resource management. Where possible, the first table shows responses from the entire sample (number is 1,500), and the second table shows responses broken out by specific age ranges (number N illustrated below).

Telephone Results

N=1500

=<39, N=443

=>40 and =<58, N=583

=>59, N=414

Table 1: Visitation to various recreational settings in last 12 months

	=<39		=>40 and =<58		Total Yes	
	N	%	N	%	N	%
Public parks	327	40.0	387	41.4	935	100
Forests	193	28.4	303	44.7	678	100
Lakes, rivers, or streams	254	33.9	315	42.0	750	100
Desert recreation areas	167	32.3	224	43.4	516	100
Historical or archaeological sites	122	30.2	165	40.8	404	100
Natural or wilderness areas	203	33.3	264	43.3	609	100

Table 2: Awareness of Various Agencies that Manage Outdoor Recreation, Cultural, and Natural Areas

	Yes		No		Don't Know		Total	
	N	%	N	%	N	%	N	%
Public parks	935	62.3	560	37.3	5	0.3	1500	100
Forests	678	45.2	820	54.7	2	0.1	1500	100
Lakes, rivers, or streams	750	50.0	750	50.0	-	-	1500	100
Desert recreation areas	516	34.4	969	64.6	15	1.0	1500	100
Historical or archaeological sites	404	26.9	1093	72.9	3	0.2	1500	100
Natural or wilderness areas	609	40.6	882	58.8	9	0.6	1500	100

	Mentioned		Did Not Mention		Total	
	N	%	N	%	N	%
National Park Service	241	16.1	1259	83.9	1500	100
US Forest Service or National Forests	378	25.2	1122	74.8	1500	100
US Fish & Wildlife Service	82	5.5	1418	94.5	1500	100
AZ Game and Fish	232	15.5	1268	84.5	1500	100
AZ State Parks	203	13.5	1297	86.5	1500	100
AZ State Land Department	65	4.3	1435	95.1	1500	100

[City] Parks and Recreation Department	303	20.2	1197	79.8	1500	100
[County] Parks and Recreation Department	276	18.4	1224	81.6	1500	100
Tribal Agencies	51	3.4	1449	96.6	1500	100
Other	179	11.9	1321	88.1	1500	100

	=<39		=>40 and =<58		Total Mentioned	
	N	%	N	%	N	%
National Park Service	56		109	45.2	241	100
US Forest Service or National Forests	85	22.5	187	49.5	378	100
US Fish & Wildlife Service	18	21.9	41	50.0	82	100
AZ Game and Fish	55	23.7	119	51.3	232	100
AZ State Parks	40	19.7	91	44.8	203	100
AZ State Land Department	12	18.5	35	53.8	65	100
[City] Parks and Recreation Department	77	25.4	152	50.2	303	100
[County] Parks and Recreation Department	74	26.8	127	46.0	276	100
Tribal Agencies	15	29.4	24	47.0	51	100
Other	43	24.0	90	50.3	179	100

Table 3: Visitation to Outdoor Recreation Areas Outside of Arizona in Last 12 Months

	N	%
=<39	148	27.7
=>40 and =<58	233	43.5
Total	535	100

	N	%
Yes	535	35.7
No	961	64.1
DK/Refuse	4	0.3
Total	1500	100

Table 4: State Most Recently Visited Outside of Arizona for Outdoor Recreation in Last 12 Months

	Yes		No		Total	
	N	%	N	%	N	%
California	157	29.3	378	70.7	535	100
New Mexico	44	2.9	491	32.7	535	100
Texas	12	2.2	523	97.8	535	100
Colorado	47	8.8	488	91.2	535	100
Utah	66	12.3	469	87.7	535	100
Wyoming	10	1.9	525	98.1	535	100
Oregon	17	3.2	518	96.8	535	100
Washington	16	3.0	519	97.0	535	100
Montana	10	1.9	525	98.1	535	100
Idaho	7	1.6	528	98.7	535	100
Nevada	20	3.7	515	96.3	535	100
All others	125	23.4	410	76.6	535	100

	=<39		40-58		Total	
	N	%	N	%	N	%
California	52	33.1	72	45.9	157	100
New Mexico	11	25.0	20	45.5	44	100
Texas	4	33.3	6	50.0	12	100
Colorado	13	27.7	23	48.9	47	100
Utah	22	33.3	21	31.8	66	100
Wyoming	1	10.0	3	30.0	10	100
Oregon	2	11.8	10	58.8	17	100
Washington	5	31.2	6	37.5	16	100
Montana	2	20.0	5	50.0	10	100
Idaho	2	28.6	3	42.9	7	100
Nevada	6	30.0	1	5.0	20	100
All others	27	21.6	53	42.4	125	100

Table 5: Awareness that Arizona State Parks Provides a System of Parks throughout the State of Arizona

	N	%
Yes	757	50.5
No	728	48.5
DK/Refuse	15	1.0
Total	1500	100

	N	%
=<39	171	22.6
40-58	327	43.2
Total	757	100

Table 6: Importance of Providing a System of Parks throughout the State

	N	%
Very important	1140	76.0
Somewhat important	290	19.3
Not very important	28	1.9
Not important at all	17	1.1
DK/Refuse	25	1.7
Total	1500	100

	=<39		40-58		Total Responses
	N	%	N	%	N
Very important	334	29.3	456	40.0	1140
Somewhat important	92	31.7	103	35.5	290
Not very important	9	32.1	13	46.4	28
Not important at all	3	17.6	3	17.6	17
DK/Refuse	5	20.0	8	32.0	25
Total	443	29.5	583	38.9	1500

Table 7: Satisfaction with the way Arizona State Parks Manages its Park System

	N	%
Excellent	232	15.5
Good	814	54.3
Fair	167	11.1
Poor	42	2.8
DK/Refuse	245	16.3
Total	1500	100

	=<39		40-58		Total Responses
	N	%	N	%	N
Excellent	81	34.9	89	38.4	232

Good	255	31.3	326	40.0	814
Fair	42	25.1	78	46.7	167
Poor	15	35.7	9	21.4	42
DK/Refuse	50	20.4	81	33.1	245
Total	443		583		1500

Table 8: Visitation to an Arizona State Park Site at any Time

	N	%
Yes	1063	70.9
No	235	15.7
DK/Refuse	202	13.5
Total	1500	100

	=<39		40-58		Total Responses
	N	%	N	%	N
Yes	292	27.5	437	41.1	1063
No	74	31.5	77	32.8	235
DK/Refuse	44	21.8	69	34.2	202
Total	443		583		1500

Table 9: Visitation to an Arizona State Park Site in the Last 12 Months

	N	%
Yes	513	48.3
No	512	48.2
DK/Refuse	38	3.6
Total	1063	100

	=<39		40-58		Total Responses
	N	%	N	%	N
Yes	175	34.1	229	44.6	513
No	102	19.9	198	38.7	512
DK/Refuse	15	39.5	10	26.3	38

Table 10: Arizona State Park Site Most Recently Visited

Arizona State Park Site				
	N	%	=<39	40-58
Alamo Lake State Park	2	0.4	-	-
Boyce Thompson Arboretum State Park	1	0.2	-	1
Buckskin Mountain State Park	-	-	-	-
Catalina State Park	20	3.6	5	11
Cattail Cove State Park	-	-	-	-
Dead Horse Ranch State Park	8	1.5	1	5
Fool Hollow Lake Recreation Area	2	0.4	-	1
Fort Verde State Historic Park	1	0.2	-	1
Homolovi Ruins State Park	-	-	-	-
Jerome State Historic Park	2	0.4	1	1
Kartchner Caverns State Park	15	2.7	1	4
Lake Havasu State Park	2	0.4	-	1
Lost Dutchman State Park	4	0.7	1	2
Lyman Lake State Park	3	0.5	1	1
McFarland State Historic Park	-	-	-	-
Oracle State Park	3	0.2	-	2
Patagonia Lake State Park	9	1.6	2	4
Picacho Peak State Park	3	0.5	-	2
Red Rock State Park	6	1.1	1	3
Riordan Mansion State Historic Park	1	0.2	-	1
Roper Lake State Park	2	0.4	-	-
San Rafael Ranch State Park			-	-
Slide Rock State Park	19	3.5	4	10
Sonoita Creek Natural Area			-	-
Tombstone Courthouse State Historic Park	3	0.5	-	-
Tonto Natural Bridge State Park	20	3.6	3	10
Tubac Presidio State Historic Park	2	0.4	-	1
Yuma Crossing State Historic Park			-	-
Yuma Territorial Prison State Historic Park	1	0.2	1	-
DK/Refuse	101	18.4	32	27
Non-ASP sites				
Grand Canyon	98	17.8	17	37
National Forest	9	1.6	1	6
All others	213	38.7	46	77

Note. Responses were unaided.

Table 11: Likelihood of Visit to an Arizona State Park Site in the Next 12 Months

	=<39		40-58		N
Very likely	230	33.4	290	42.2	688

Somewhat likely	114	32.1	156	43.9	355
Not very likely	57	22.8	87	34.8	250
Not likely at all	21	16.2	32	24.6	130
DK/Refuse	21	27.3	18	23.4	77
Total	443		583		1500

Table 12: Awareness of Arizona Heritage Fund

	=<39		40-58		N
Yes	176	23.9	311	42.3	736
No	265	35.3	268	35.7	750
DK/Refuse	2	14.3	4	28.6	14
Total	443		583		1500

Department of Public Safety

Section 1: Introduction and Internal Scan

Executive Summary

Within the next 15 years, projections show that more than one fourth of Arizona's population will be over 60. This will significantly affect the Department of Public Safety, Arizona's state level law enforcement agency, in the areas of training, employee retention, and service delivery.

In preparing for changing demographics, the Department has embarked on a short-term program designed to increase internal awareness, identify personnel rules requiring modification, examine training opportunities, and assess current volunteer programs for future applicability.

On a long-term basis, the Department's possible responses to an aging state population include a philosophical change in enforcement practices, a commitment to public safety education issues, application of technology to crimes against seniors, mentoring, employee retention techniques, and coordination with other state agencies on "cross cutting" service delivery issues

Agency Overview

The department's mission is to protect life and property by enforcing state laws, deterring criminal activity, assuring highway safety, and providing vital scientific and technical support to Arizona's criminal justice agencies.

In carrying out its mission, the Department of Public Safety (DPS) has four principle branches. The Highway Patrol Division, with uniformed officers, ensures the safe and expeditious movement of traffic as well as providing assistance to local and county law enforcement agencies. The Criminal Investigations Division, with specially trained detectives, conducts investigations into drug trafficking, organized crime, vehicle theft, gang activities and financial crimes as well as collecting intelligence information and maintaining civil emergency preparedness plans. The Criminal Justice Support Division, with scientific and technical personnel, provides laboratory analysis, radio communications, and maintains criminal history information systems in support of the state's law enforcement agencies. The Agency Support Division, with predominately specialized civilian personnel, focuses on maintaining agency operations ranging from facilities, transportation, public records, and financial services to public information, training, research and planning, legal services, and human resources. In addition, the Department of Public Safety, as a state level agency, provides a wide variety of specialized services such as air rescue, crime victim support, crime prevention programs, and outlets for volunteer functions that could all potentially play a significant role in Arizona's changing demographics.

Section 2: Impact on the Agency

Arizona's Changing Demographics

Current estimates indicate that more than one quarter of Arizona's population will be over 60 within the next 15 years and that the number of senior residents will triple by 2050. The demographic shift to an older population is expected to filter through all of the state's systems ranging from the economy to the making of public policy.

Retirement: An Arizona research project on aging by St. Luke's Health and the Morrison Institute at ASU found that 42% of those interviewed planned to retire before age 65. In law enforcement agencies, such as DPS, where the preponderance of employees are certified police officers with a 20-year retirement, this can become an issue prior to age 60. The Morrison Institute detailed the serious implications associated with the trend toward aging in Arizona when they pointed out that the wave of retirements could create shortages of skilled workers.

Service Delivery: A study by the New York State Police closely parallels the challenge faced by the Department of Public Safety in Arizona. They emphasized that the projected growth in the senior population would have an important impact in terms of changing service demands. According to the New York report, which is supported by experience in Arizona as well as input from focus groups in the DPS Aging 2020 Project, the anticipated increase in our senior population will result in a corresponding increase in crimes against the elderly. One aspect of this, given demographic projections for the state, is the likelihood that the number of elderly citizens living alone will increase. Those seniors are more likely to fall victim to crime without timely detection. Law enforcement will have to find better methods for identifying these occurrences and adjusting investigation methods, crime prevention efforts, and enforcement practices.

Citizen Involvement: Law enforcement professionals have recognized the need to develop diverse methods for identifying and addressing crime problems rather than relying solely on enforcement. Involving citizens and providing them with information have become essential elements of "community oriented policing." The anticipated increase in seniors will undoubtedly result in more demand for citizen interaction, information and education on public safety issues, as well as activities in the areas of crime prevention, and crime resistance. This concept is supported by the Arizona Community College Association/St. Luke's "Coming of Age" forums in which half of Arizona's seniors rank citizen involvement as the most important part of their retirement.

Technology: While recent and anticipated changes in technology have brought a number of advantages to residents in Arizona, technology will also result in unique challenges for law enforcement. For example, it is anticipated that the DPS scientific analysis experts and the agency's criminal investigators will face a future of technology related cyber-based crimes such as fraud and identity theft that will specifically target senior residents and retirees.

Traffic Safety: An anticipated increase in the senior population will almost certainly increase the number of elderly drivers traveling Arizona's highways. In a report by Citigroup/Smith Barney titled "The Next American Dream," they found that the "baby boomers" are spending more on automobiles than proceeding generations and the commitment to automobiles is likely to further increase as the generation moves into their 60's. The new generation of

seniors is likely to have more disposable income and will be buying more cars after age 60 than ever before. Moreover, the orientation toward mobility and independence provided by automobiles will result in drivers remaining active further into the future. Despite the years of driving experience the senior population will accrued, it is anticipated that an increase in their proportion of vehicle operators on the road will generate a number of highway safety concerns relating to reaction time, eyesight, and other physiological factors.

Training: As with any change in demographics, the increased law enforcement concerns relating to an aging population will generate training issues for DPS officers and investigators called upon for service.

Sociological factors: The increase in Arizona's senior population is also anticipated to impact DPS employees who will be facing issues relating to elder care and family needs. In the Arizona Community College Association/St. Luke's "Coming of Age" community forums, one third of Arizonan's between 40 and 59 are caring for an elder and 80% of seniors rely on family members to provide the care they need when they can no longer live independently. This can effect the agency work environment as employees need innovative work schedules and accommodations to help them meet their responsibilities at home.

Aging 2020 Planning Process

In response to projected changes in Arizona's demographics, Governor Napolitano signed an Executive Order on March 16, 2004 directing state agencies to begin planning for the anticipated impact of a growing senior population. As part of the "Aging 2020" planning process, a summit meeting was held on May 13th to gather public input for each of the major state agencies. Following the summit, a series of meetings were held through the summer to exchange ideas among agencies, distribute reference material, and provide guidance to staff members developing the individual agency plans. In addition, Department of Public Safety staffers attended meetings of employee organizations, constituents, and focus groups to develop policy issues that would become the central focus of the DPS Aging 2020 Plan.

Three policy issues, specific to the Department of Public Safety, emerged from the meetings, focus groups, and research efforts. They were: (1) how best to prepare officers for working with senior residents; (2) how the DPS could help seniors avoid financial and internet crime, consumer fraud, and predatory business crimes; and, (3) given the loss of experienced employees through retirement, how could DPS best recruit, retain, and entice skilled retirees back into the labor force.

Section 3: Current Actions by the Agency

The Arizona Department of Public Safety embraced the concept of preparing for changing demographics by first making use of its organizational strengths and existing programs in developing a short-term response. Current actions include:

Increasing employee awareness: The agency has several internal methods that have been, or will be, used to inform and create awareness of aging issues among employees. These include the monthly Digest which is the agency newsletter distributed to all active employees and agency retirees; the monthly Focus which is a video production available to employees on tape or through the internal web site; and, the DPS Intranet which is an electronic bulletin

board and internal web site available to employees at all times over the agency computer systems. In addition, the human resources function has a procedure for mounting employee awareness campaigns that could be applicable to specialized information efforts relating to aging issues.

Reviewing Personnel Rules: The Arizona Department of Public Safety is unique among state agencies since its employment and personnel rules fall under the authority of the Law Enforcement Merit System Council as defined in ARS 41-1830. While the agency maintains a human resources function responsible for personnel administration, it must be consistent with the merit system rules. In assessing the demographic impact and reviewing the agency's "Aging 2020 Planning Process," it is apparent to management, employees, and focus groups that the agency should consider possible adjustments to traditional personnel practices such as employment, retention, and working conditions in preparing for aging issues. Therefore, as part of a short-term plan, agency representatives and the Merit System Council Business Manager are reviewing the rules and identifying those that may be in need of future modification.

Examining Training Opportunities: All DPS officers begin their career at the state training academy where the Arizona Peace Officer Standards and Training Board set the curriculum and they attend class with officers, deputy sheriffs and tribal police statewide. Due to time constrictions and increasing technical and legal demands for training a peace officer, the opportunity to affect academy training is limited. However, upon graduation, DPS officers attend additional training at the agency's academy where the department sets the curriculum. This step, known as "advanced basic," as well as "in-service" training conducted for both civilians and veteran officers, represent an opportunity to prepare employees for changing demographics.

As part of an on-going training process, subject matter, including the concepts on aging found in this document, is constantly reviewed for applicability. In conducting the "Aging 2020" research, focus groups were asked for observations regarding training DPS officers to better work with an aging population. Suggestions ranged from giving officers more exposure to seniors and teaching them better methods of conversing with the elderly, to providing techniques for calming fears, improving listening skills, increasing sensitivity to physical impairments affecting seniors, and teaching methods for officers taking enforcement action to "educate" senior violators without being condescending.

Assessing Volunteer Programs and Limited Employment: The Department of Public Safety currently has a wide variety of volunteer programs in both the law enforcement and civilian areas. A comprehensive review of these programs was included as part of the aging plan to increase their appeal for active seniors, retirees who are leaving the work force at a younger age, and individuals with special skills. The focus groups have indicated that seniors and retirees would be willing to volunteer their services and time in a wide variety of areas including: training where they could serve as instructors and participants in scenarios; the duty office where they would help man the phones, maintain logs, and answer questions from the public; advisory committees working on a task force basis to examine specific issues; public information where they could make safety presentations, distribute crime prevention information, and help develop pamphlets; and, data services which range from entering routine information to quality control and analysis. To make best use of this volunteer pool, a

concept that may be explored is development of a skills inventory for retirees and potential volunteers.

In addition to volunteer activities, the agency, through the Merit System Rules, has implemented temporary appointments and hourly employment to position itself for a changing workforce. These provisions are now being used to fill gaps in specialized areas as diverse as police dispatching, background investigations, video productions and scientific analysis with retirees working limited, carefully defined schedules that would have previously gone vacant due to lack of work hours and career appeal. These same provisions are applicable to changing demographics as the agency seeks ways to recruit and retain employees, retirees, and seniors with specific talents for specific tasks. Based on focus group suggestions, other employment practice concepts that may be enhanced or explored over time include flex hours, job sharing, reduced work weeks, telecommuting, programmed rotation, and temporary assignments of a shorter duration to increase their appeal to a larger number of employees.

Using the Strategic Planning Process: The Department of Public Safety has policies and procedures in effect for both strategic and operational planning. The biennial strategic plan for FY06-07, submitted in compliance with state statutes and regulations, contained some initial elements associated with changing demographics. The DPS anticipates that this issue will be expanded as part of the strategic planning process beginning with recognition that an aging population will affect the agency. The strategic plan, in turn, translates into objectives for the operational plan that are updated quarterly. In this way, the agency will begin to adjust for challenges such as recruitment, retention, training, and service delivery brought on by an aging population.

Section 4: Projected Issues and Agency Actions

As a result of the agency planning process outlined previously in this report, three long term, issues emerged. They are: (1) how best to prepare officers to work with senior residents; (2) how the DPS could help seniors avoid financial and Internet crime, consumer fraud, and crimes against the elderly; and, (3) given the loss of experienced employees through retirement, how could DPS best maintain a skilled labor force. To address these issues on a long-term basis, possible agency actions include:

A Philosophical Change in Officer Orientation: This action is driven by issue #1, preparing officers to work with senior residents. By necessity, the currently under staffed force of officers is reactive in approaching traffic safety issues and consequently view their role primarily as enforcement. Based on the "Coming of Age" report, published studies on older driver adjudication practices, community forums, and focus groups, changing demographics are projected to result in older, more cautious drivers whose behavior is more likely to be influenced by attempts at voluntary compliance than enforcement action.

In 2003, the National Highway Traffic Safety Administration (NHTSA) prepared a compendium of law enforcement alternatives applicable to older drivers. These nationwide programs have one common theme; to gain "voluntary compliance" and promote traffic safety among senior drivers through means other than enforcement. A philosophical change in the agency's traffic safety philosophy, particularly about senior drivers, could begin with officer training and orientation based on a voluntary compliance theme. This same training could

promote a philosophy that enforcement action be viewed as a last resort rather than the primary activity.

A Commitment to Providing Public Safety Information: This action is driven by issues #1 and #2, preparing officers to work with senior residents and finding means by which the agency could help seniors avoid becoming victims of crime. While it is difficult to measure the effectiveness of public safety information efforts, focus groups have consistently suggested that the agency publicize scams and frauds to increase senior awareness, and, that representatives from the agency make personal contact with senior groups to discuss safety issues, provide information, and supply personal advice.

Traditionally specially assigned personnel taken from their normal duties have handled law enforcement's public information activities. However, based on input from focus groups and the actions outlined in section 3, "assessing volunteer programs," the concept here is to use a combination of agency employees and a vastly expanded number of volunteers/retirees to provide community education services. As envisioned, this expanded agency service would not only ensure that traffic safety and crime prevention information is available through the print and broadcast media, but also engage seniors in personal information exchanges through meetings, gatherings, clubs, and events using volunteers and retirees.

An Application of Technology to Potential Crimes against the Elderly: This action is derived from issue #2, how the agency could help seniors avoid computer fraud and Internet crimes. While it is not possible to envision all technological changes, it is feasible to conclude that computer technology will continue to advance along with the possibility of fraudulent schemes and cyber crimes against seniors, retirees and the elderly. For example, in their May 2004 newsletter, the Maricopa County Attorney's Office singled out identity theft as the fastest growing crime in the country and the FBI National Academy Associates pointed out in their July 2004 publication that internet use has grown from 16 million less than a decade ago to over 650 million currently. With this growth has come Internet fraud and fraudulent schemes. Helping the public in general and seniors specifically to combat identity theft and cyber crime, state resources would have to be redirected and the issue become an investigative priority. Agency investigators will need advanced technological training and access to the computers, software, and information systems that are often beyond the reach of local law enforcement. In addition, the crime laboratory will need to consider specialized services and equipment capable of penetrating encryption and attempts at data elimination. As envisioned, agency investigators will have to access, evaluate, and monitor the Internet for potential fraudulent schemes, develop a public alert system, and have a means to exchange "intelligence" regarding cyber crime.

A Commitment to Employee Development Programs: This action is based on issue #3, finding ways that the agency can maintain a skilled labor force in view of the changing demographics. According to the Arizona Department of Public Safety's Human Resources Bureau, approximately 23% of the agency's current work force is eligible to retire creating the possibility of potential lost skills. In addition, the New York aging project found that with a more senior population anticipated over the next 10-15 years, an important consideration for employees remaining with the agency would be elder care responsibility in their own families.

In addressing these and other employment related issues, focus groups have recommended an agency action plan to forestall the loss of a large numbers of employees and their skills.

They suggested components such as flexible working conditions for existing employees with child and elder care issues, better use of succession planning techniques such as mentoring, phased retirement, and employment flexibility. This is reinforced by a Washington study regarding “Aging Trends on the State Workforce,” as well as an Urban Institute report on keeping senior employees in the work force, where a recommended skills retention program would feature “succession planning” and “mentoring” as a way to prepare a pool of qualified candidates to meet future workforce needs; the hiring of retirees as a source of experienced workers; and, the exploration of options to help retain skilled workers. Those options include flexible scheduling, telecommuting, assignment changes, leave options, and the elimination of barriers to part time employment. As outlined in part 3 of this document under “Assessing Volunteer Programs and Limited Employment,” the agency has already taken initial steps to address employee development and retention issues.

Section 5: Anticipated Results of Agency Actions

Traffic Safety: In the area of traffic safety, an emphasis on voluntary compliance (particularly in instances involving senior drivers who are more cautious and likely to be influenced) and attempts to persuade rather than punish, will potentially result in a reduction in the proportion of older drivers involved in accidents as Arizona’s demographics change. This is consistent with an emerging trend demonstrated by the NHTSA compendium of law enforcement alternatives applicable to older drivers and can be brought about in officer training and orientation classes.

Public Information: An expanded commitment to providing crime prevention and traffic safety information, using a network of volunteers and retirees in conjunction with existing programs, will potentially allow more “personal contact” with seniors in areas where they congregate. This, in turn, should increase awareness, generate more dialogue, identify potential criminal activity such as fraudulent schemes, and encourage crime resistance among Arizona’s aging population.

Application of Technology: Recognizing the increasing role of technology in both crime prevention and criminal investigations allows a gradual change in priorities and resource allocation consistent with the state’s changing demographics. Potentially, the application of technology can help law enforcement become less labor intensive which will be essential given projected reductions in the available work force.

Retention of Skills: Recognizing that essential skills may be lost, or at best decreased, as a higher proportion of the agency personnel reaches retirement age by 2020, the organization will have set in motion plans for employee development and work environment adjustments as a matter of policy to be best prepared for the changing demographics. This process includes consideration of areas such as mentoring, succession planning, job flexibility, and phased retirement.

Cross Cutting Issues: In addition to actions currently under way or being considered within the Department of Public Safety, preparation for changing demographics as part of the Aging 2020 Plan, by necessity, includes several “cross cutting issues” involving other state agencies worthy of consideration. These include:

- Drivers Licensing: an area of concern not only to law enforcement but also to the Department of Transportation is finding a method of ensuring that senior drivers have the physiological skills to continue operating a vehicle safely
- Crimes against the Elderly: while prevention of crimes against the elderly, and investigation of those that do occur are in the realm of law enforcement, senior residents look to the Attorney General's Office to help them prevent fraudulent schemes and financial crimes that affect their financial security.
- Point-of-Contact for State Services: the Department of Public Safety is in operation at all times and often receives calls to its duty office seeking services provided by various state agencies. A cross cutting issue for consideration is how the state can develop a recognized 24hr "point-of-contact" and exchange data relating to senior services.
- Retirees and Retirement Issues: While most state agencies with a human resources function have benefit coordinators to serve active state employees, retirees, who will represent an even greater potential resource to the state in the future, have no consistent, recognized, direct source of assistance. It was suggested by the DPS retirees focus group that a state level "Retirement Ombudsman" would be a valuable resource that could specialize in retiree issues as well as maintain a database and skills inventory for retirees who might want to volunteer their services to the state.

Arizona Office of Tourism

Part I: Agency Scan

The **Arizona Office of Tourism** (AOT) is responsible for generating visitors to Arizona through marketing activities, and to encourage participation and cooperation in the promotion of tourism and tourism development among industry constituents throughout the state. It is also the agency's duty to establish and maintain a central repository and clearinghouse for all data relating to tourism.

In 2020 Arizona will be home to 1.8 million people over the age of 60, representing 24% of Arizona's total population. As with all other age groups, economics, quality of life, healthcare, amenities, work, and transportation will remain a part of life for this age group.

In 2003, Arizona received 19.7 million out-of-state visitors, 51% over the age of 50, which equals 10,047,000 visitors 50 years and older. There were 8,100,000 Arizona resident overnight visitors, and 56% were 50 years and older. Additionally, 23,480,000 day trips were taken by Arizona residents, and 48% of those travelers were 50 years and older. The impact of the aging population on Arizona tourism is already becoming quite apparent.

Tourism is currently the second largest industry in Arizona and provides jobs in all 15 counties. As the population ages and grows, the tourism industry will directly experience those changes as well.

Agency mission/policy:

The impact of the state's changing demographic on the agency's mission and policies include: The need to review/revise the tourism promotion campaign and marketing activities to continue to strategically market Arizona tourism experiences to targeted segments. Utilize customized messaging and delivery methods as identified. Evaluate and develop tourism development programs to include the needs of the aging population while establishing plans, goals, and initiatives.

Consideration to Programs

The impact these changing demographics will have on the Office of Tourism's programs targeting Arizona visitors will require AOT to:

Revise target marketing efforts to the aging population with appropriate message and placements. Revisit and modify, if necessary, the content and format of the www.arizonaguide.com website, with possible options of large font and readability

using talking browser programs. Develop large print options for the Arizona Office of Tourism's Official State Visitor Guides. Update facilities designated as *Visitor Centers* to meet the needs of the aging population as necessary. Update content of agency-delivered workshops to educate and address the expectations, needs, and capabilities of the aging population. Review transportation issues in relation to the needs of an older traveler for

tourism purposes. Develop research projects to study the aging population's needs and expectations for travel in Arizona.

Constituency Needs

The impact these changing demographics will have on tourism industry constituents will require AOT to:

Coordinate with the Arizona Hotel & Hospitality Association, Arizona Restaurant Association, State Parks, National Parks, Museum Association and other industry constituents to assess issues that arise with the growth of the aging population, i.e. accessibility, refining/adapting programs for older visitors, new trends of the baby boomers and travel, working with an older workforce, assistive technology and the tourism industry, etc. Develop specific workshops for the annual Governor's Conference on Tourism to address various issues of the aging population relating to tourism. Increase awareness of the many volunteer and job opportunities within the tourism industry and promote those opportunities with constituents and the aging population. Partner with the Governor's Advisory Council on Aging in coordinating educational workshops and information for the Arizona Office of Tourism's industry constituents.

Management of the agency:

The impact upon the management of the agency includes: assessing internal workforce for required skills/experience, retirement regulations and contractual issues. Examine resources for education and advocacy regarding the changing demographics and its impact on Arizona tourism, as well as the mission of the Arizona Office of Tourism.

Agency's current activities:

The Arizona Office of Tourism is currently addressing and responding to the future changing demographics. AOT currently markets to the high value visitor and the range for this target segment is 45 to 64 years of age. AOT utilizes several different research methods: focus groups, surveys, and data analysis to establish information regarding trends, views, habits and expectations, and plans of the aging population. This information helps formulate effective marketing materials, advertising campaigns, website materials, and ways of communicating to the aging population. All of the agency's websites: www.azot.com, www.arizonaguide.com, and www.arizonascenicroads.com are currently being assessed and modified to meet ADA requirements for accessibility standards.

Part II: Recommended actions to accomplish key objectives

Priority #1: Attract Visitors from both In-State and Out-of State:

The Office of Tourism will continue to market to the high value visitor, which maximizes the return on investment for the dollars spent on the advertising and marketing campaigns. In 2000, an Economic Impact Study was done by Elliott D. Pollack & Company for the Arizona Office of Tourism. Based on this information, along with the U.S. Census population information, it is currently estimated that tourism saves each taxpaying household \$515 per year in state taxes and an additional \$167 in local taxes for a combined total of \$683 in taxes

per year. It is vital for the state's economy to continue to support tourism. The visitors to Arizona generate tax dollars that support the quality of life and public services to Arizonans.

Priority #2: Research:

AOT will assess the needs of the aging population for Arizona tourism development and Arizona tourism promotion and partner with appropriate state agencies, i.e. State Parks, Department of Transportation, and Health and Human Services, etc. to coordinate findings and integrate plans.

Priority #3: Awareness & Education:

The Arizona Office of Tourism will partner with the Governor's Advisory Council on Aging in coordinating educational workshops and/or information to share with tourism industry constituents. Provide customized workshops during the annual Governor's Conference on Tourism to address issues facing the aging population and tourism, such as, accessibility, refining/adapting programs for older visitors, new trends of the baby boomers regarding travel, working with an older workforce, assistive technology in the tourism industry, etc. The Arizona Department of Economic Security's Aging and Adult Administration could also be used as a resource. Along with these educational workshops, the Arizona Office of Tourism's business-to-business website, www.azot.com, would offer coordinating information about tourism and the aging population.

Priority #4: Future Workforce and Volunteerism in the Travel & Tourism Industry:

As stated in research, senior/mature adults represent a high percentage of volunteering in their community and are continuing to work past retirement age. A unique aspect of the travel and tourism industry is the large variety of businesses that support the industry. Many of these businesses provide a wide range of opportunities available for both volunteers and those seeking paid employment. The Arizona Office of Tourism could partner with one of the aging councils and/or other educational outreach programs to communicate this message to the aging population. These volunteer and job opportunities could also be posted on the business-to-business website www.azot.com. Currently, there are volunteer opportunities at local Convention & Visitor's Bureaus, museums, Arizona State Parks, the National Parks Service, Forest Service, Historical Sites, and other attractions.

Priority #5: Mobility/Transportation:

Mobility/Transportation throughout the state is inherent to Arizona travel and tourism. The future 1.8 million people that will be over 60 years old will have a large impact on travel and also getting out and around in the state to enjoy it's amenities. The Arizona Office of Tourism will work with the appropriate state agencies, cities, counties, etc. to assess mobility/transportation issues faced by airports, roads, light rail, mass transportation, and other transportation factors that will develop with this aging population.

Part III: Action steps and anticipated results

Priority #1: Attract Visitors both In-State and Out-of State

Steps

- The Agency will continue to use research to determine correct messaging to attract the high value visitors in the aging population demographics.
- Develop and implement enhanced advertising and marketing campaigns to attract in and out of state visitors within these new demographics.

Results

- These steps will further the awareness of Arizona as a vacation destination to promote travel and spending, which, then, generates state tax revenue contributing to the quality of life, public resources, and state economy.

Priority #2: Research

Steps

- Research, analyze, administer, facilitate, develop and purchase appropriate studies that will drive the development of tourism programs, tourism promotions, and education/awareness, regarding issues that relate to travel/tourism and the aging population.
- Results
- accurate, detailed and up-to-date information about this aging population and the effects on the travel and tourism industry. The information will also provide research-based data to aid AOT in developing and implementing appropriate programs and campaigns to reach the changing market.

Priority #3: Awareness & Education

Steps

- Partner with other state agencies, such as Governor's Advisory Council on Aging, Arizona Department of Economic Security's Aging and Adult Administration, and other resources to learn about standards, expectations, issues and concerns of the aging population and how it effects tourism.
- Coordinate with industry constituents to heighten awareness regarding issues facing the aging population and the tourism industry.
- Develop workshops, create brochures and other forms of information and make them available to industry constituents.

Results

- The State will serve in a leadership role during the development of industry services, facilities, and tourism programs appropriate to meet the standards, requirements and concerns of the aging population

Priority #4: **Future Workforce and Volunteerism in the Travel & Tourism Industry**

Steps

- Coordinate with industry constituents to develop a volunteer opportunity database and increase knowledge about jobs and opportunities available to the aging workforce
- Link with the Governor's Advisory Council on Aging, Arizona Department of Economic Security's Aging and Adult Administration, etc. to communicate these opportunities to the aging population.
- Update the Office of Tourism business-to-business website www.azot.com to publish those opportunities.

Results

- Stimulate and encourage the aging population to offer skills and experience and become active in the volunteer community and fill jobs in the travel and tourism industry throughout the state.

Priority #5: **Mobility/Transportation**

Steps

- Identify the mobility/transportation challenges facing the aging population related to travel and tourism in Arizona.
- Coordinate with the appropriate state agencies, cities, counties, etc., to address these issues and share concerns, suggestions, and plans.

Results

- Mobility/Transportation that supports the travel and tourism industry and will meet the needs of the aging population.

Arizona Department of Transportation

INTRODUCTION: INTERNAL SCAN

By law, ADOT was established to “provide for an integrated and balanced state transportation system.”

MISSION

To provide products and services for a safe, efficient, cost-effective transportation system that links Arizona to the global economy, promotes economic prosperity and demonstrates respect for Arizona’s environment and quality of life.

BACKGROUND

The 60+ age group is Arizona’s fastest growing population. They are healthier and have a higher quality of life than prior generations. Their sheer numbers mean Arizona’s transportation infrastructure will need to accommodate this burgeoning age group.

The aging of Arizona’s population will be one of many challenges facing ADOT in the coming decades. Integrating the need for elder mobility will require focus and commitment.

Although individuals age differently and at differing rates here is what we know about this group:

- They generally stay closer to home.
- They are less likely to drive at night.
- They are less likely to drive during peak travel periods.
- They are less likely to drive in poor weather.
- As they move into their second decade of retirement they become more dependent upon family and friends to meet their transportation needs.
- They suffer from impaired eyesight.
- They have slower reaction times.
- They have diminished cognitive skills.

At a minimum this means:

- Highway and roadway design will have to account for the aging process.
- Signage, stripping and signals will have to change.
- More handicapped parking and greater security will be required at rest areas.
- And the very e-ticket of mobility, the driver’s license, will be denied to an increasing number of drivers.
- Alternative modes of transportation will be of greater importance to this age group and will also need to adapt to meet the needs of this age group.

All the data points to one overwhelming and unambiguous conclusion - when mobility becomes restricted, feelings of isolation, loneliness and depression soon follow.

VISION

The standard of excellence for transportation systems and services.

GOALS

ADOT has laid out a series of interdependent but achievable goals. ADOT will improve the movement of people and products throughout Arizona. We will do this by increasing the quality, timeliness and cost effectiveness of our products and services. To do that will require us to develop and retain a competitively paid, high performing, successful workforce. This will allow ADOT to optimize the use of all resources. But it will require us to enlist the public and political support necessary to meet all of Arizona's transportation needs.

PRIORITY POLICY ISSUES

ADOT's overarching transportation concerns for the elderly include:

- (1) Making the State's transportation system safer for the elderly.
- (2) Improving mobility options for the elderly non-driver.
- (3) Making transportation services, maintenance and operational practices more senior friendly.

Making the State's Transportation System Safer for the Elderly. To compensate for the senior population's diminished visual and hearing acuity, declining physical fitness, and slowed reaction times, elder friendly improvements to the state's transportation infrastructure will be made. Programs and projects to compensate for diminished skills will contribute not only to the safety and well being of the senior population but to the general population as well.

Action: Modify standards for traffic control devices to increase visibility.

Results: Adoption of current Federal standards recommended for aiding elderly drivers such as an increased sign size for street name signs and modification of other National, and subsequently State, standards to achieve increased visibility of signs and pavement markings. This will result in signs with larger letters, wider pavement edge markings and signs and pavement markings made of materials that are easier to see at night.

Action: Supplement, consistent with National requirements, existing standards and guidelines for highway geometry and materials to be more proactive in responding to the needs of the older driver and pedestrian.

Results: Appropriate revisions to the highway design manual and other design related documents resulting in highway improvement projects that address the diminishing physical capabilities of the elderly, provisions for additional disabled parking spaces and increased use of traffic calming techniques.

Action: Work with localities to design safe and well-maintained passenger transit and rail stations to address the needs of the senior traveler.

Results: Modifications to guidelines for station development that would result in improved rail passenger and public transit information, improved circulation at stations and improved access to and from the station.

Action: Work with manufacturers of rail cars and all interested parties to develop equipment that meets the physical needs of the senior traveler.

Results: Modified rail passenger car standards that could include such items as wheel chair tie-downs, more comfortable seating and legroom, improved lighting within cars, handrails or handgrips throughout the cars.

Action: Promotion of features in buses, at bus shelters and stations that make using public transportation safer for the elderly.

Results: More low floor buses in use by public transit systems, more buses with an intercom system for announcement of bus stops, larger, clearer lettering on signs indicating bus routes, more benches in sheltered transit waiting areas, enhanced lighting and emergency call boxes at selected bus shelters.

Action: Improve driver safety by promoting medical review programs that promote early intervention for those with compromised driving ability.

Result: The implementation and marketing of programs designed to enable the elder driver to drive as safely for as long as possible. Including referral programs to alternative modes for those whose driving career has come to an end.

Improving the Mobility Options for the Elderly Non-Driver. For some individuals there comes a time when they are no longer fit to drive. Critical for these individuals will be the implementation or expansion of alternative transportation modes. Of particular challenge will be travel alternatives for the growing numbers of seniors living in suburban and rural areas. While there are some programs available to transport seniors for health care, the real challenge will be the other trips essential to maintain a degree of independence that are more likely to go unmet.

Action: Partner with public transit, airport, rail and elderly support interest groups, the Arizona Motor Vehicle Division (MVD), councils of governments and metropolitan planning organizations, to improve travel options and travel support for those elderly who can no longer drive.

Results: Possible products include: brochures or other materials on area-specific travel options available to seniors who no longer drive; senior targeted media campaigns for use of bus, rail passenger services and air travel; viable alternatives to mid-to-long distance auto travel for fixed income seniors; improved service and assistance for senior users, such as travel training, one-stop shopping for a complete travel package from home to destination, increased assistance at passenger drop-off and pick-up areas; improved linkages to passenger transportation web sites; and senior-oriented weekender/vacation trip packages resulting in increased mobility and

continued independence for the non-driver as well as increases in transit, rail and air ridership.

Making Transportation Services, Maintenance and Operational Practices More Senior Friendly. Changing travel patterns, expectations and physical limitations of the senior traveler, among other factors, will be considered in designing transportation services. Additionally, operational and maintenance practices may need to be modified to be considerate of seniors with their varied travel needs and their diminished physical capabilities.

Action: Continue and improve public outreach to the elderly community during project development and design to insure Context Sensitive Solutions.

Results: Enhanced and improved public involvement plans to assist designers in identifying elements important to the elder community.

Action: Insure that the needs of the elderly are taken into account in determining highway, rest area and other transportation related lighting needs.

Results: Modifications to lighting guidance and practices.

Actions: Review and revise, as necessary, construction and maintenance practices to compensate for the diminished faculties of the senior driver.

Results: Better advanced warning of road work, improved delineation of work zones, improved safety clothing and better work zone transitions.

CONCLUSION

Two things are very clear. First, there is a need for awareness, focus, and action on the transportation issues of the elderly. Second, all transportation related improvements are good for all drivers not just the elder driver.

Department of Veterans' Services

I. Internal Scan

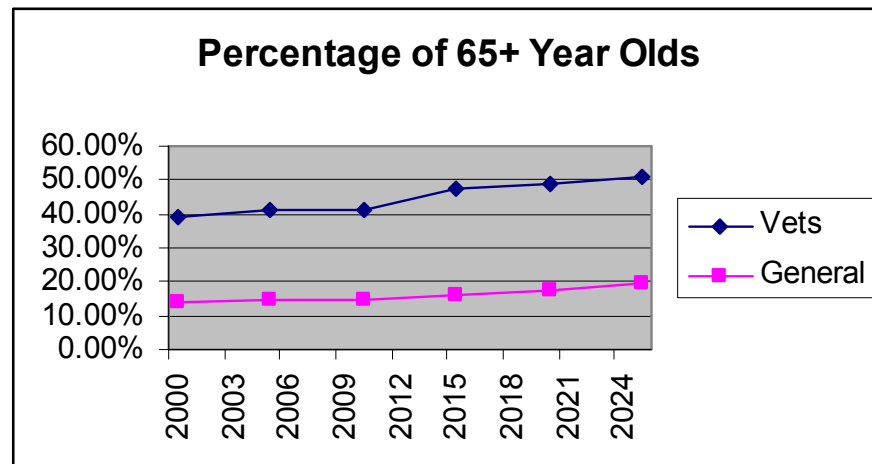
Veteran Population Growth

Census 2000 documented a 21.3% increase in the number of veterans over the 1990 census. Census 2000 also indicated that Arizona's veteran population growth is the second highest in the nation. Veterans represented 11.36% of Arizona's general population in the year 2000, while veterans were 3.9% of the nation's general population.

Veteran population projections have been published, which are based on the Census 2000 results and adjusted by US Department of Veterans Affairs (VA). While these estimates have not been reliable, they are the best estimates¹ available for use by the agency.

The VA employs 10 full-time employees in the Office of the Actuary within the Office of Policy, Planning and Preparedness. Their mission is to project veteran population worldwide. Still, significant adjustments need to be made to Arizona projections after each decennial census results are available. The VA estimated that Arizona would have 509,000 veterans in the year 2000. Census 2000 revealed that number to be 563,820 - underreporting the number of Arizona veterans by 10.77%.

Nationwide, it is difficult to anticipate the effect Operation Enduring Freedom and future military actions will have on the number of veterans. There are no guarantees that the Selective Service Administration will not reenact the mandatory military service through year 2020. If federal legislation allows it, veterans' benefits may be extended to activated National Guard and Reserve personnel who are now ineligible for VA benefits.



to
that

the

Today, the VA reports 39% of the national total veteran population is over the age of 65. The same report indicates 51% of the nation's veterans will be over the age of 65 by the year 2020. Arizona has historically had a slightly younger veteran population. Nearly half of the veterans in Arizona in the year 2020 will be over the age of 65 (48.79%, according to VA estimates).

¹ The VA projections appear to be flawed because they do not consider extremely high numbers of veterans migrating into Arizona. Certain VA funding (such as VA Medical Services & Admin Costs) for various regions of the United States is linked to the veteran population estimates published.

While the number of veterans nationwide is declining, Arizona's veteran growth has grown over 20% from one decade to the next, as evidenced by the past three decennial census results. Regardless of the VA veteran population statistics available today, the veteran population in Arizona is expected to continue to increase.

Impact of Federal Dollars in Arizona is Significant

In federal fiscal year 2003, which ended 9/30/04; over \$3.65 billion dollars entered the Arizona economy as a direct result of its veteran population. Every one of the state's 563,820 veterans generates an average of \$6,474.13 per year in federal funds. It is impossible to estimate how many veterans have not accessed all benefits that are due to them as a result of their military service, but there is no doubt there are unclaimed federal benefits.

As Arizona veterans age and disabilities arising from trauma during military service become problematic, the Department needs to provide counseling services to obtain federal benefits for its aging veteran population. In addition to "doing the right thing," the State also saves on social welfare programs when benefits are properly obtained by the veteran population.

Aging Department Employees

Human Resources reports 41.12% of all Department personnel are over the age of 50. The loss of talented, experienced employees who will be retiring between now and the year 2020 will impact all divisions of the Department. The most significantly affected area will be the Nursing Unit of the Arizona State Veteran Home where the nationwide nursing shortage makes recruiting difficult even today.

"The demand for RNs is likely to greatly increase over the next three decades when current baby boomers reach retirement. During the same period, the projected supply of RNs is expected to fall 20% below predicted requirements. The average age of the current RN workforce has continued to rise, and enrollment of basic nursing programs has steadily fallen, due to in part to the increased expansion of career opportunities for women outside of nursing. If these trends continue, the RN workforce will begin to decline as the aging RNs retire...The current shortage of NAs [nursing assistants] during the last few years has been due to a robust economy and historically low unemployment."²

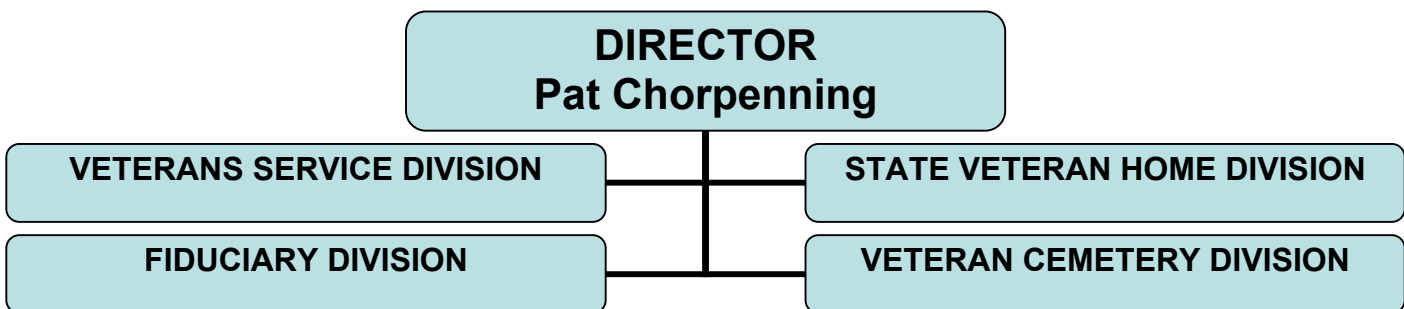
Current Department Structure

The Department is organized into five budget programs as described below:

- The Veterans Services Division assists veterans, their dependents, and/or survivors in developing and filing claims for Federal entitlements in areas of disability, pension, insurance, burial, etc. through the U.S. Department of Veterans Affairs. There have been Veteran Benefit Counselors doing this work in Arizona since 1925.
- The Fiduciary Division provides conservatorship and guardianship services to incapacitated veterans, surviving spouses or minor children. All cases are appointed by the Probate Division of Superior Court. The Division has been in place since 1951.

² *Report to Congress: Appropriateness of minimum nurse staffing ratios in Nursing Homes Phase II Final Report* presented by Tommy G. Thompson, Secretary for the US Department of Health and Human Services on March 19, 2002; pages 4-1 through 4-2.

- The State Veteran Homes Division provides long-term care services to veterans and their spouses. There is currently a single facility available in Phoenix with 200 long-term care beds. The facility opened Veterans' Day, 1995.
- The Veteran Cemetery Division program currently has one 145 acre site facility that will provide approximately 16,000 gravesites to veterans and their eligible dependents. The Division has been operational since December 2002 when the Sierra Vista facility opened.
- The Administration program is the funding source for all personnel and functions that are not exclusively dedicated to an agency division (such as the Director's Office, Human Resources, Information Technology, Financial Services, Purchasing, etc.).



Issues that are currently being addressed by the agency are outlined below.

Veterans Services Division

- The Department of Veterans Affairs recommends a minimum of one Veterans Benefit Counselor (VBC) for every 5,000 to 10,000 veterans. Even at the highest counselor to veteran ratio, the 18 VBCs on staff at this time can only serve 3% of the veterans now living in Arizona.
- Additional Veterans Benefits Counselors have been requested for rural offices in the latest budget cycle to provide more veterans access to services. Because an aging veteran population has difficulty accessing counselors, the Department intends to expand its outreach efforts.
- All VBCs are connected to the VA database, allowing them access to the status of VA claims that have been filed. Updated VIMS (Veterans Information Management Systems) software installed in 2004 will provide enhanced case management capability for the Division.

Fiduciary Division

- Fiduciary Division provides conservatorship and guardianship services to incapacitated veterans, and surviving spouses or minor children. All cases are appointed by the Superior Court.
- Changing demographics include the aging of the population in general, aging Vietnam-era veterans, and an inordinate number of Iraq war veterans coming home with mental

problems compared to veterans of prior wars. All these populations will result in an increased demand for fiduciary services.

- An additional human services specialist III has been requested to maintain a staff-to-client ratio that is manageable and acceptable to the Arizona Supreme Court. Approximately 80 percent of fiduciary division clients have been diagnosed with a serious mental disorder or mental illness, requiring close supervision to ensure they receive appropriate and timely psychiatric treatment and psychotropic medications. The Division continues to review its client-to-social worker ratio as the numbers of clients change (through additional court appointments, deaths, and changes in guardianship/conservatorship status).
- The Division has made a concerted effort to inform providers of the services available and market itself as a community resource.
- The Division worked with State lawmakers to change existing laws regarding the maximum amount of fees it can collect. Although HB 2584 passed through both House and Senate without change, the bill was killed in committee. This bill was crafted to allow the Fiduciary Division to generate sufficient funds to reduce its dependence on general fund appropriations. The Division collects approximately \$1,750 in fiduciary and related fees per active client per year. It collects another \$45,000 per year in fees generated by providing estate administration services of the estates of deceased veterans. The Fiduciary Division's FY total 2003/04 budget was nearly \$1 million - less than half of which was general fund.

State Veteran Home Division

- Arizona veterans are afforded quality long-term care in a comfortable environment at the Arizona State Veteran Home in Phoenix. An additional benefit, not available to private nursing facilities, is the VA stipend that reduces their costs by 35%. No general fund dollars are used to fund the program.
- The State Veteran Home in Phoenix has been financially self-sufficient since 2000 after radical management changes were made throughout the Department. Management structure, policy development, and staffing requirements have been developed for a proposed Tucson facility.
- The facility has a contractual agreement with Phoenix Shanti and more recently with the Maricopa Community College District. ASVH is one of several clinical sites where students receive a practicum experience in a long-term care setting. As a result of this relationship, we have been able to hire those nursing assistants and licensed nursing staff into the ASVH family.
- Arizona veterans are significantly underserved at present. Based on Arizona's elderly veteran population, between four and five additional facilities are required (according to 38 CFR Book 2, Part 59 - Maximum Number of Nursing Home Care and Domiciliary Beds; Authority 38 U.S.C. 101, 501, 1710, 1742, 8105, and 8131-8137). While there are plans to open a facility in Tucson, the proposed lease-to-own funding recommendation has never been considered by the VA before and is now under consideration.

- Under the VA grant program, 65% of the construction of a state veteran home is paid by the US Department of Veterans Affairs (VA) through their grant program. The state is responsible for the remaining 35% of the construction costs. The agency has been working with the VA regarding a less traditional method of funding the federal grant by implementing a lease-to-own concept for the facility. Pledges of support have been made by various factions, but the lease-to-own funding option is being seriously considered by the VA as an alternative to raising \$9 million before any funding commitment is obtained.

Veteran Cemeteries Division

- As the WWII veteran deaths increase to a peak in 2015, burials at the Sierra Vista facility will increase. Veteran death projections provided by the VA have been used to project burials over the next few years, but these estimates may be low.
- The next cemetery will be in the northern part of the state. Plans for the site for that facility are being discussed at this time. The location has not yet been selected.
- The usage of the 16,000 total burial sites at the Southern Arizona Veterans Memorial Cemetery is monitored. The initial construction (Phase I) was designed to meet the burial needs of southern Arizona veterans and their eligible dependents for ten years. Based on the number of columbaria (for cremated remains) and in-ground burials, the facility can request a VA grant to fund Phase II of the Cemetery Master Plan when the facility is nearing capacity.

Administration Program

- The State Approving Agency is now collaborating with the Human Resources Division of the Arizona Department of Administration on recruiting newly discharged military personnel. They will be working with active duty installations statewide to ensure information regarding benefits of being employed by the State is provided to military personnel as part of their discharge planning. This cross-cutting effort was a direct result of the Aging 2020 Planning Committee and was initiated in August 2004.
- The Human Resources Office supports Divisions facing increased workload. There are not sufficient applicants for certain positions (such as nurses) at present and recruiting efforts are expected to worsen. Turnover is higher for the Department than other state agencies because two-thirds of the agency is dedicated to running the Arizona State Veteran Home; Arizona³ was cited as having 86.5% turnover for Registered Nurses, 71.4% turnover for Licensed Practical Nurses/Licensed Vocational Nurses, and 95.2% turnover for Certified Nursing Assistants.

³ From the 2001 AHCA Nursing Position Vacancy and Turnover Survey submitted by the Health Services Research and Evaluation - American Health Care Association, February 2, 2002. Data was collected nationwide from December 1 through June 30, 2001. The following excerpt from page 8 is also provided as a means of identifying how Arizona compares to national findings: "Annualized turnover rates are highest among CNAs (78.1%, followed by Staff RNs (56.2% and LPNs (53.6%)."

II. Recommended Actions to Accomplish Key Objectives

Enhancing Veterans' Access to Department Services:

Veterans Services Division

- Additional Veteran Benefits Counselors (VBCs) will need to be added. The costs associated with additional personnel are far outweighed by the economic benefits derived from the VA claims awarded. Each VBC is directly responsible for generating \$1.3 million in new federal awards each year.
- The updated Veterans Information Management System software installed in early 2004 requires the input of case management data to allow the system to generate reports.

State Veteran Home Division

- As funding and other considerations are determined to be feasible by the VA, obtain the grant to build a second state veteran home in Tucson. Land has already been earmarked by the VA Medical Center in Tucson for this purpose.
- Investigate the opportunities of additional facilities in the state to serve its veteran population. Include a focus on long-term care needs of veterans and their spouses who have Alzheimer's or other forms of dementia and/or mental illness.
- Plans for future facilities have been developed by the management of the Arizona State Veteran Home in Phoenix, based on the Phoenix model and reducing any redundant staff.

Enhancing Outreach Programs:

Administration Program

- The State Approving Agency will continue to partner with the Human Resources Division of the Arizona Department of Administration to recruit newly discharged military personnel.
 - Plans are to contact military bases to determine the number of trained personnel (e.g., medics, corpsmen, etc. may be able to obtain credit for military training). The focus is to match the military occupation of those being discharged with the vacancies available at the State of Arizona.
 - Determine the number of discharges from active duty statewide and the military occupations held before discharge.
 - Identify on-the-job training (OJT) and apprenticeship programs that may be suitable for veterans seeking employment with the State. The veterans can work for the State while obtaining Montgomery GI Bill educational benefits.
 - Fine tune the plans to staff the Arizona State Veteran Home to be opened in Tucson. As additional facilities are built in Arizona, utilize successful staffing strategies used to open the Tucson Home.

Fiduciary Division

- Enhance marketing efforts within the community. As a result, continue to build the client base for the Division and become financially self-sufficient.
- As the aggregate number of veterans and their eligible dependents become the responsibility of the Fiduciary Division, ensure the staff-to-client ratio is manageable and within levels acceptable to the Arizona Supreme Court.
- Monitor funding to ensure the payments for services received through conservator services is sufficient to cover expenses incurred in delivering required services.

Staffing:

Administration Program

Human Resources and the State Approving Agency will develop a strategy for recruiting newly discharged military personnel to positions within the Department.

- Performance measurements for improvements can be seen by increased employee retention and decreases in staff turnover.

Human Resources will work with the State Approving Agency to investigate recruiting opportunities through its newly required outreach programs.

- Investigate ways to encourage employee retention (such as flexible work schedules and job shares), minimize turnover through management training programs, and assist managers facing increasing work demands with limited human resources.
 - Investigate availability of certain educational programs in the community that result in qualified applicants for vacancies (such as nursing schools) through the State Approving Agency. Strengthen partnerships.
 - Through the State Approving Agency, investigate in-house training programs for certain employee types (such as nursing assistants, veteran benefits counselors, and educational specialists). In-house training may include OJT and apprenticeship programs that may be approved for Montgomery GI Bill benefits (where employees receive federal funds while they are learning their job at the State).
 - Through the State Approving Agency, recruit for personnel from military bases in Arizona.

Arizona State Veteran Home

- The facility will expand its agreements with nursing schools to provide practicum experience in a long-term care setting for its students.

III. Action Steps and Anticipated Outcomes

Enhancing Veterans' Access to Department Services:

Veterans Services Division

- Add to the existing staff of Veterans Veteran Counselors (VBCs) to ensure adequate access to veterans statewide. Additional Veteran Benefits Counselors will increase the number of VA dollars received in Arizona. At present, each VBC saves the State \$1 million by securing pension and other benefits that help the veteran avoid enrolling in State welfare programs. An additional \$1.3 million in new VA claim awards are obtained annually for every trained VBC on staff.

State Veteran Home Division

- Construction of the Tucson State Veteran Home is anticipated in the near future, as regulatory obstacles are changed to accommodate a lease-to-own concept. An anticipated result of adding the approximate 180 beds is relieving some of the pressures felt by the aging population for affordable long-term care for veterans.
- After the facility has been built and is operational, it will serve as a model to construct additional nursing homes.
- Expand contractual agreements with nursing schools to provide

Veteran Cemeteries Division

- Build a state veteran cemetery in the northern part of the state.
- Investigate the need to construct other cemeteries elsewhere, as veteran needs dictate.

Enhancing Outreach Programs:

Fiduciary Division

- Through focused marketing, the Division will increase the number of Superior Court appointments of veterans and their eligible dependents. As a result, the client base for the Division will increase.
- The Division will renew efforts to change existing laws by working with state lawmakers; the focus is to increase the maximum amount of fees it can collect. When able to generate sufficient funds to cover expenses associated with providing services, the Division can reduce or eliminate its dependence on general fund appropriations.

Administration Program

- The State Approving Agency will establish well-conceived outreach programs that involve local educational institutions, military installations, and various levels of government to produce two key outcomes: (1) increase the amount of VA Readjustment Benefits and Vocation Rehabilitation funds entering the Arizona

economy and (2) increase the number of recently discharged military personnel obtaining employment with the State of Arizona.

- Implement the staffing strategy for the Tucson Arizona State Veteran Home as the facility nears completion of construction. The desired outcome is a facility that is fully staffed with qualified personnel capable of opening immediately upon completion of the facility.

Staffing:

Administration Program

Human Resources and the State Approving Agency will develop a strategy for recruiting newly discharged military personnel to positions within the Department.

- Metrics for improvements can be seen by increased employee retention and decreases in staff turnover.

Arizona State Veteran Home

- The facility will expand its agreements with nursing schools to provide practicum experience in a long-term care setting for its students. The practice will result in effective recruiting of personnel for the Nursing Department at each State Veteran Home in the state.

ⁱ Hodge, Paul. (2004, Winter). Baby Boomer Public Policy: A New Vision. *Harvard Generations Policy Journal* 1. Cambridge, MA: Harvard University.

ⁱⁱ St. Luke's Health Initiative. (2002). The Coming of Age. Arizona Health Futures. Phoenix, Arizona.

ⁱⁱⁱ DES, Aging and Adult Administration and University of Arizona. (2003). Arizona's Older Ethnic Minorities 2000: A Demographic Analysis. Phoenix, AZ.

^{iv} Ibid.

^v St. Luke's Health Initiative. (2002). The Coming of Age. Arizona Health Futures. Phoenix, Arizona.

^{vi} Hodge, Paul. (2004, Winter). Baby Boomer Public Policy: A New Vision. *Harvard Generations Policy Journal* 1. Cambridge, MA: Harvard University.

^{vii} St. Luke's Health Initiative. (2002). The Coming of Age. Arizona Health Futures. Phoenix, Arizona.

^{viii} Ibid.

^{ix} DES, Aging and Adult Administration and University of Arizona. (2003). Arizona's Older Ethnic Minorities 2000: A Demographic Analysis. Phoenix, AZ.

^x DES Population Statistics. (2004) The Aging State Workforce and What Do We Face in the Future. Phoenix, AZ.

^{xi} Joint Center for Housing Studies. (2000) Housing America's Seniors. Cambridge, MA. Harvard University.

^{xii} DES, Aging and Adult Administration and University of Arizona. (2003). Arizona's Older Ethnic Minorities 2000: A Demographic Analysis. Phoenix, AZ.

^{xiii} St. Luke's Health Initiative. (2002). The Coming of Age. Arizona Health Futures. Phoenix, Arizona.

^{xiv} Citigroup Smith Barney. (2004). The Next American Dream: Healthy, Wealthy, and Active: The Baby Boomer in 2010.

^{xv} California Strategic Plan on Aging Advisory Committee. (2004). Planning for an Aging California Population: Preparing for the "Aging Baby Boomers". California.

^{xvi} Hickey, T., Speers, M., and Prohaska, T.P. (1997). Public Health and Aging. Baltimore, MD. John Hopkins University Press.

^{xvii} St. Luke's Health Initiative. (2002). The Coming of Age. Arizona Health Futures. Phoenix, Arizona.

^{xviii} Ibid.

^{xix} Ibid.

^{xx} <http://statehealthfacts.kff.org/cgi-bin/healthfacts.cgi>

^{xxi} http://www.aoa.dhhs.gov/prof/notes/Docs/Older_Adults_in_Prisons.pdf

^{xxii} Joint Center for Housing Studies. (2000) Housing America's Seniors. Cambridge, MA. Harvard University.

^{xxiii} http://www.jchs.harvard.edu/publications/seniors/housing_americas_seniors.pdf

^{xxiv} Ibid

^{xxv} http://www.azgohs.state.az.us/elderly_drivers.html#

^{xxvi} <http://www.cga.state.ct.us/2002/olrdata/tra/rpt/2002-R-0021.htm>

-
- ^{xxvi} Ibid.
- ^{xxvii} Molnar, L.J., Eby, D.W., Miller, L.L. (2003). Promising Approaches for Enhancing Elderly Mobility. Transportation Research Institute. Ann Arbor, MI. University of Michigan.
- ^{xxviii} http://www.azgohs.state.az.us/elderly_drivers.html#
- ^{xxix} DES Population Statistics.
- ^{xxx} St. Luke's Health Initiative. (2002). The Coming of Age. Arizona Health Futures. Phoenix, Arizona.
- ^{xxxi} DES, Aging and Adult Administration and University of Arizona. (2003). Arizona's Older Ethnic Minorities 2000: A Demographic Analysis. Phoenix, AZ
- ^{xxxii} St. Luke's Health Initiative. (2002). The Coming of Age. Arizona Health Futures. Phoenix, Arizona.
- ^{xxxiii} Citigroup Smith Barney. (2004). The Next American Dream: Healthy, Wealthy, and Active: The Baby Boomer in 2010.
- ^{xxxiv} <http://www.dhhs.state.nc.us/aging/ltrep.htm>
- ^{xxxv} Freedman, Marc. (1999). *Prime Time: How Baby Boomers Will Revolutionize Retirement and Transform America*. Public Affairs. New York, NY.
- ^{xxxvi} University of Arizona, Office of Economic Development. (2001). New Aging, New Generations: Positioning Pima County in the 21st Century – A report to the Pima Council on Aging. Tucson, AZ.
- ^{xxxvii} St. Luke's Health Initiative. (2002). The Coming of Age. Arizona Health Futures. Phoenix, Arizona.
- ^{xxxviii} Gordon, L. and Shinagel, M. (2004). New Goals for Continuing Higher Education: The Older Learner. *Harvard Generations Policy Journal* 1. Cambridge, MA: Harvard University.
- ^{xxxix} DES, Aging and Adult Administration and University of Arizona. (2003). Arizona's Older Ethnic Minorities 2000: A Demographic Analysis. Phoenix, AZ
- ^{xl} Gordon, L. and Shinagel, M. (2004). New Goals for Continuing Higher Education: The Older Learner. *Harvard Generations Policy Journal* 1. Cambridge, MA: Harvard University